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HOW MAY THE COMMUNITY UTILIZE ITS GIFTED CHILDREN?*

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"WHY," I am frequently asked, when it is learned that I am the director of a clinic for the guidance and adjustment of gifted children, "why concern ourselves over our gifted children?" The researches of Dr. Lewis Terman and Dr. Leta Hollingworth are now well known. They leave no doubt that gifted children (as a group—of course there are many individual exceptions) come into the world with an all-round superiority of endowment, and that on the whole they make superior life adjustments—to their childhood contemporaries, to the requirements of the school, to the social and vocational demands of the community. Why, then, should the community be concerned for its gifted children?

My answer to that question is this: Gifted children, to be sure, as gifted adults, make superior life adjustments, and they contribute much to the life and culture of the community. But gifted adults are not personally as effective as they might be, they are not socially as productive as they might be, their lives are not as well integrated with the main stream of the community's living as we might wish, and the resultant loss to the community is a tremendous and a tragic one.

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In making this generalization, I have not in mind the highly publicized "child prodigies" of a generation ago, whose life stories are periodically retold in weekly magazines and Sunday supplements. I have in mind, rather, the gifted individuals whom we all know, as friends, as neighbors, or by reputation in the community. Few of them are as effective, as productive as they might be. Too often their lives are not really integrated with the life of the community as a whole. I cannot fortify this assertion with scientific data. At present such data do not exist—although as Terman and Hollingworth follow into adult life groups of the gifted children whom they are now studying, such data will become available. I rest my assertion, rather, upon my observation of the rôle of gifted individuals in the life of the community.

Perhaps one might cite as evidence the record of the output of our outstanding preparatory schools unfolded in a study recently undertaken by *Fortune*,[1] which reveals how few great leaders in public service have come from these institutions; or the record of the relatively meager contribution to our cultural life made by Rhodes Scholars, as set forth not long ago in *Scribner's Magazine*.[2] Certainly, these preparatory-school graduates and Rhodes Scholars were for the most part genuinely gifted individuals.

It is because of the loss to society that results from the relative ineffectiveness and lack of productivity, and the inadequate social interest, of its gifted members that the community must concern itself with its gifted children. It is in the interest of making them more productive members of the community that research on the nature and growth of gifted children, and experiments in their education and guidance, are being conducted here and there throughout the nation. The problem that confronts the community is not so much that of the maladjustment of these children; it is the problem of helping them to realize their potentialities for growth and function and of integrating their interests with the community's interests.

In seeking an understanding of why gifted individuals do

[1] See "Twelve of the Best American Schools." *Fortune*, Vol. 13, pp. 48–53, 104, 106, 109–10, 112, 115–16, 119, January, 1936.

[2] See "What Happens to Our Rhodes Scholars?" by Milton MacKaye. *Scribner's Magazine*, Vol. 103, pp. 9–15, 84, January, 1938.

not function as effectively in the life of the community as we might wish, we must ask, What are the factors that determine the individual's productivity and social interest? Were we to discuss this question, despite differences in point of view we would undoubtedly agree that the following are of fundamental importance: creative ability, drive, the organization of the personality (particularly the emotional organization), and the nature and direction of interests.

Creative ability and drive, our present knowledge would indicate, are inherent qualities of the constitution. By creative ability, I mean the potential capacity for dealing with reality on a conceptual or symbolic level, for perceiving and dealing with the interrelationships of things, and for invention and origination. By virtue of selecting children on the basis of high scores achieved on intelligence tests, the available research would indicate, we select children in whom a high degree of creative ability is inherent. By drive, I mean the vital energy the organism expends in living. While the experimental evidence of a positive correlation between intelligence and drive is meager, my own experience, and that of others interested in gifted children with whom I have discussed the problem, would indicate that gifted children possess more drive than children of lower intelligence levels. It is probable, then, that both superior creative ability and superior drive are inherent in the constitutional make-up of gifted children.

I hasten to confess that the clinician encounters many puzzling questions as to the relationship between drive and intellectual function. One is the question of the extent to which the expressions of drive are a part of what we measure as intelligence. Another is posed by the fact that given individuals may display great drive on the physical level while displaying little drive on the mental level, and *vice versa*. This is true of some gifted children. Among the children in which the Clinic for the Social Adjustment of the Gifted is interested are two adolescents, I.Q.'s 204 and 180 respectively, whose development the clinic has been following since their early childhood. I.Q. 204 displays considerable drive on the physical level, but little drive on the mental level. I.Q. 180 shows much less physical drive, but tremendous mental drive. Despite his extraordinary intelligence, it is

very doubtful whether I.Q. 204 will be intellectually productive; while I.Q. 180 seems headed toward genius. Te be productive, gifted children must display mental drive. Janet has discussed this problem with considerable insight.[1]

If we are right in assuming that creative ability and drive are to a high degree inherent in the constitutional make-up of gifted children, our problem becomes one of determining the aspects of the gifted child's developmental experience that stand in the way of his growth and diminish his social interest. I find myself at variance with many students of child development as to the meaning of growth. I submit that the only valid measure of growth is increase in effectiveness of functioning; that the major factor determining growth, thus conceived, is the emotional organization of the child; and that this is the case whether we think of growth in terms of individual functioning alone or in broader terms of social functioning. Growth can be understood only in terms of the personality of the child—his emotionally determined patterns of managing the demands of relationship and social living.

Whatever other factors are involved in determining the level of productivity and social functioning of an individual, the organization of the personality—determining as it does how much of the individual's energy is free to flow productively outward, and the amount of social interest the individual may have—is fundamental. Moreover, while both clinicians and research workers may disagree as to the rôle of constitutional factors in determining the organization of the personality, it seems established beyond reasonable doubt that the individual's developmental experiences play a critical part in laying down his underlying emotional patterns.[2] Consequently, in seeking an answer to the question we have raised—Why are gifted individuals personally less effective and socially less productive than they might be?—we look for clues to the answer in the ways in which the developmental experiences of gifted children contribute to the organization of their personalities and interests.

[1] See "Psychological Strength and Weakness in Mental Disease," by Pierre Janet, in *Factors Determining Human Behavior.* (Harvard Tercentenary Conference of Arts and Sciences.) Cambridge: Harvard University Press, 1937.

[2] See *Twins, A Study of Heredity and Environment,* by Horatio H. Newman, Frank N. Freeman, and Karl J. Holzinger. Chicago: University of Chicago Press, 1937.

In suggesting an answer to this question, I am drawing inferences from clinical experience. I realize that clinical data have not the validity of the facts that the researches of Terman and Hollingworth have yielded. Nevertheless, in the past ten years the staff of the Clinic for the Social Adjustment of the Gifted have had an opportunity to study the characteristics and developmental experiences of nearly 800 gifted children, and to follow many of these children over a period of years, and I am confident we have learned much that is pertinent to the question I have raised, that many of our clinical hunches will be validated by future research.

On the whole, the children who have passed through the clinic confirm Terman's and Hollingworth's characterizations of the nature and problems of the gifted.[1] The intensive studies of individual histories that are a part of clinic treatment have served to define more clearly some of these problems, however, and to delineate more fully their implications. I shall discuss briefly our observations concerning the gifted child's reactions to four aspects of his developmental experience which are pertinent to the question I have raised: his reactions to his family relationships, to his school experience,

[1] The gifted children with whom the clinic deals come from families of much lower average social-economic status and education than those studied by Terman. A major reason for this fact is no doubt the large number of recent immigrant stocks among them, stocks that emigrated from countries with relatively closed social-economic classes. This fact is an important consideration in planning educational opportunities for gifted children in communities that have large populations of immigrant origin.

The clinic has also found that the children referred to it have health histories that are markedly superior. This fact raises an interesting question as to the effect of the particular environment in which group comparisons are made in determining the nature of the group differences revealed. Terman, comparing gifted children from homes of superior economic status with children randomly selected both as to intelligence and as to the economic status of their homes, reports no significant differences in health histories. It is our impression that if gifted children from homes of low economic status are compared with children randomly selected as to intelligence, but also from homes of low economic status, the gifted children turn out to have distinctly superior health histories.

An interesting problem is suggested by the high incidence of allergies among the clinic children. To what extent this may be due to a positive correlation between allergic sensitivity and intelligence, as several investigations have suggested—a correlation upon which subsequent investigations throw extreme doubt—or to the fact that among clinic children there is a higher incidence of anxiety than in an unselected population, or to an unidentified factor, is a problem that the clinic is now studying.

to his growing awareness during adolescence of conflicts of value inherent in his culture, and to the community's attitudes toward his creative productions.

II

The staff of the clinic has increasingly been impressed with the fact that, important as is the educational environment in creating problems for gifted children, the roots of these problems usually are found to extend down into the child's earlier developmental experiences within the family. The emotional temperature of American family life is unusually high. By this I mean that within our culture individuals seek and expect more of emotional satisfaction from family relationships than do individuals in the majority of cultures. The inevitable result is that relationships within the American family—of husband to wife and wife to husband, of parent to child and child to parent, of siblings to one another—are highly charged emotionally. When we consider that gifted children come, on the average, from relatively small families, the implications of this fact become obvious.

Furthermore, gifted children tend to come of family stocks of high intelligence. Individuals of high intelligence tend normally to be a little on the neurotic side—to have more sense of the disparity between what life might be and what life is, more frustration in themselves and apprehension for their children. At the same time, families of high intelligence are likely to have high expectations for their members, and the parents of gifted children are likely to hold high standards both for themselves and for their children.

Repeatedly we have seen evidence as to the destructive effect of this combination of circumstances upon the personality of the child. The parents hold up to the child, on the one hand, the expectation of conformity to high standards; while on the other hand, as a result of their own apprehensions, they overprotect the child, thus denying him the opportunity of learning to meet life adequately for himself. The result of the combination of developmental experiences I have tried to picture is all too frequently a fundamental insecurity in the child. This insecurity expresses itself in many ways. It expresses itself in a doubt of self that reality

evidences of the child's superiority do not allay. It expresses itself in an anxiety over the possibility of failure that the child's successes do not dispel. It expresses itself in a compulsion to succeed.

It is a common psychiatric observation that compulsive neurotics are predominantly of high intelligence. The writer suspects that this is related to the family situation delineated above, which is likely to produce hostility in the child, to be followed by guilt and anxiety and the compulsive symptoms that are defenses against that anxiety. In our experience, "compulsive personalities" are more frequently found among children of high intelligence.

An additional word should be said concerning the rôle that the mothers of gifted children too frequently play in this family picture. The mothers of gifted children are, on the whole, women of very superior intelligence and of unusual drive. They are members of a generation of women for whom innumerable frustrations and conflicts have been created by the rapidly changing rôle of women in our culture. These frustrations and conflicts are the greater problems for these mothers because of their intelligence, their superior education, drive, and ambition. Many of them display an exaggerated rejection of their rôle as women.

Their rejection of the feminine rôle complicates in many ways their relationships with their children. Particularly, it contributes to two problems that repeat themselves over and over in the mother-child relationship within the families of gifted children—(1) more or less rejection of the child, with the familiar aftermath of guilt, anxiety, and overprotection; and (2) the attempt vicariously to compensate for frustration by living out their lives in the lives of their children, the realization that the child is gifted giving him additional value as a means of so doing.

Such a combination of factors may, of course, be part of the developmental experience of a child of any intellectual level. But it is certainly encountered more frequently, and in more exaggerated fashion, as we study the development of gifted children, and there can be no doubt that the insecurity that results is basic to the relative ineffectiveness and lack of productivity of many gifted individuals.

The children referred to the Clinic for the Social Adjust-

ment of the Gifted have been involved in all the school problems and difficulties that have been so ably analyzed by Terman and Hollingworth. Typically, they are found to be so placed in school that they are working far below their potential capacity—whether we use as a criterion their mental maturity, their brightness, the quality of their mental processes, or their scores on tests of knowledge of school subjects.[1] The inevitable results are more or less boredom with school, ineffective habits of work, dulling of intellectual interest, diminishing of productivity, and scattering of interest and drive (exaggerating a tendency already inherent in the versatility of gifted children). The symptomatic reactions of gifted children to this situation all too frequently involve them in conflict with teachers and school, and so are productive of feelings of resentment and of being misunderstood.

Our schools have done little to meet the educational needs of gifted children. Lip service may be paid to enrichment, but enrichment usually proves to be little more than glorified "busy work." Acceleration—the school's typical attempt at a solution—too frequently requires of the child adjustments that he is neither physically, socially, nor emotionally mature enough to manage. Anxiety, a feeling of personal inadequacy, a sense of social rejection result. The child's interest and drive are turned inward. His social and intellectual functioning are disturbed, as is attested by the surprising social maladjustments and academic failures of many such gifted children as they make the transition to the secondary school.

Adolescence, within a culture such as ours, is a peculiarly difficult adjustive period for gifted children. We live—as do all Western peoples—in an exceedingly heterogeneous culture, characterized by innumerable inconsistencies and conflicts among values, standards, conceptions of behavior, and ways of life. All adolescents seem to face the need of working their way through the conflicts of their culture, resolving its inconsistencies, that the world about them, and their living

[1] From a realistic point of view, gifted children are the most scandalously retarded group in the school population. For the shocking statistics documenting this statement, see the chapter on the educational status of gifted children in *Mental and Physical Traits of a Thousand Gifted Children*, Vol. I of Terman's *Genetic Studies of Genius*. Stanford University: Stanford University Press, 1926.

in relation to that world, may have meaning. The higher the adolescent's intelligence, the more insistent is this inner need. At the same time, the higher the adolescent's intelligence, the more difficult is his problem in meeting this need, since his greater insight into the realities of the world about him makes him doubly aware of and sensitive to its inconsistencies and its conflicts. This is beautifully illustrated by the following poem written by a gifted adolescent:

"What is more awful than a door?
Doors are opaque; one cannot see through them.
One can only hear, and imagine—and dread.

" 'Come,' you say, 'it is not so bad as that! '

"But put your eye to the keyhole.
All you see is pressed in the mold of the keyhole;
Its shape leads you astray.

" 'I see perfectly, plainly;
I see the leg of a chair, and a little
Pool of light; there must be a lamp above.'
What color is the lamp? Crimson? . . . You do not know?
What is in that shadow?
What is it the shadow of? . . . You cannot see!
The side of the keyhole obscures!

" 'But,' you say, 'one can listen.'

"Come closer. Place your ear hard against the painted wood;
Press your ear until it becomes warm; and listen.
'Yes, I believe it to be true,' a gruff voice says.
'It's a lie!' says another.
That's all you hear;
They always contradict each other on that side of the door!

"Let me tell you something; you and I,
Who have never been there,
Know more about that room than its inhabitants;
They are not sure of anything, but *we* know
That there is a leg of a chair with a lamp above,
And that *they* contradict each other."[1]

In his struggle to meet this need, we witness the peculiar spiritual travail of the gifted adolescent. The educational system—with its emphasis on fact and technique—tragically fails him in this developmental crisis. Too frequently he fails to achieve any fundamental security within the values of his culture. He feels a spiritual alien among his fellow men.

[1] From *Creative Youth*, by Hughes Mearns. New York: Doubleday, Page, and Company, 1925. pp. 230–31.

His social interest is diminished. Much of his energy is utilized in the pursuit of compensatory sources of security. His life is never effectively integrated with that of the community.

One frequently hears the complaint that gifted children, during their adolescent years, turn from interests in which, during childhood, they have shown great promise of achievement. As we follow gifted children through childhood and adolescence, we are impressed with the fact that there is basis for this complaint. Particularly dramatic instances of this turning away of interest are to be seen in children who are not only intellectually gifted, but talented in the arts as well.

Their sterile educational experience and their absorption in the inner needs of their adolescence undoubtedly contribute to this situation. But perhaps an equally significant contributing factor is the failure of the community to convey to the child the conviction that his production has value in the community's eyes. The boy who can run faster, jump farther, or throw a ball more swiftly and accurately than his fellows is rewarded with immediate appreciation of his achievement—from his fellows, his parents, his teachers, and the community at large. But the boy who can write a more beautiful poem, paint a more beautiful picture, solve a more difficult equation—what appreciation does he sense? Perhaps that of an understanding parent or teacher. But he cannot fail to sense that his achievement is of lesser value in the eyes of his contemporaries and of the community.

As the adolescent's world expands, as he seeks increasingly for security and acceptance within widening relationships, his failure to sense any real appreciation of his achievements on the part of contemporaries and the community is likely to result in a turning of his interests to types of achievement that yield such appreciation. The loss to the community is inestimable.

I might point out other and more concrete aspects of the developmental experience of gifted individuals—particularly of those individuals whose giftedness is of so high an order as to give them the potentiality of genius. But even these limited observations have, I believe, thrown much light on the question of why gifted individuals are less effective and

productive than they might be, and have significant implications for a program for the community's utilization of the potentialities inherent in its gifted children.

III

Before outlining what seem to me to be the essential steps in such a program, I would anticipate a question that inevitably is raised concerning any proposal that the community provide a special pattern of developmental experience for gifted children, designed to minimize their conflicts and foster their adjustments—the question whether the individual's conflicts and maladjustments do not drive him to compensatory activity, and whether, consequently, if we wish gifted children to be creative, it is desirable that their personalities be wholly free from conflict, or that they be too well adjusted to the world about them. I have heard experienced clinicians, who in the case of an average child would be quick to attribute diminished effectiveness of functioning to developmental experiences such as I have pictured, employ this argument in speculating on the nature of genius.

The argument is, in my opinion, wholly without validity. Let us consider, first, the relation of conflict and drive. The word "conflict" is used in the literature of mental hygiene with various meanings. Many writers use it to mean the anxieties produced by insecurity and other traumatic psychic states; others use it to mean conflicts of impulse and other disharmonies (which are inevitably productive of anxiety) within the personality; while still others use the word to designate conflicts between the personality and its environment.

Conflict, however one defines it, cannot increase the amount of drive inherent in the individual. Conflict may have much to do with the way in which the individual's drive is utilized; but conflict, within the first and second meanings of the word, while it may color the individual's production, inevitably decreases his productivity. The more an individual's energy is dissipated in anxieties and conflicts, the less he has free to flow outward in creative effort, as study of the neuroses has demonstrated.

The commonly expressed belief to the contrary is, I believe, due to the confusion of "drivenness" with drive. The inse-

cure and disharmonious personality, literally driven by its anxiety and conflicts, may appear to have tremendous drive. Actually its drive may be less than that of a harmonious personality whose energy flows smoothly into productive channels with little external evidence of drive save the amount of its creative output.

Conflict within the third meaning of the word—that of struggle between the individual and the environment—may, on the other hand, have a constructive value in channelizing the individual's drive. This is by no means an inevitable result of such conflict, however. If the individual finds a way to manage such conflicts, they will contribute to the effective functioning of his drive. On the other hand, if he finds no satisfactory way of handling his conflicts, the result again is anxiety and the diversion of drive from creative productivity, a result we so frequently see in children.

In the case files of the Clinic for the Social Adjustment of the Gifted there are many records that dramatically illustrate the relationship of "conflicts within the child's personality" to his effectiveness and productivity. Two years ago a seven-year-old boy was referred by his parents. Two psychiatrists, to whom the parents had previously taken the boy, had diagnosed him as a rare case of the onset of schizophrenia in early childhood, a diagnosis that the parents could not accept.

The boy was almost without social interest, rapidly becoming inaccessible, markedly autistic, perseverative in verbal and motor behavior. He displayed little drive, was ineffective and unproductive in school and in other social situations. His I.Q. was, at the time, 123, but in discussing the test the psychologist warned that the I.Q. probably overestimated his ability. The clinic's psychiatrist was inclined to agree with the previous diagnosis of schizophrenia. However, the family situation was such that, had the symptoms been less extreme, it would in all probability have been held primarily responsible for the personality picture. The staff decided to treat the case for a period of time and see what the result might be.

There was no direct treatment of the boy by the clinic. He was placed, however, in a private school with a teacher who has unusual psychiatric insight. During the first year

the psychiatrist saw the parents frequently, and a psychiatric social worker had weekly interviews with the mother. The results of this treatment have been astonishing. The boy will need a long period of treatment, and perhaps will always be considered an odd personality. But he already shows a fairly normal social interest, his regressive and perseverative symptoms have largely disappeared, he is readily accessible, his interest and energy now turn outward, he shows considerable drive, and his effectiveness and productivity have greatly increased. He has recently had two tests, one administered by the school psychologist and the other by the clinic's psychologist. The I.Q.'s were 168 and 169 respectively. The psychologist now predicts that, if the improvement in his personality organization continues, the I.Q. will go higher.

In this case, as in many others, it is obvious that effectiveness and productivity, intellectual and social, are largely dependent upon the personality organization. It is obvious, further, that "drive," far from being increased by conflict and disharmony within the personality, is greatly diminished thereby—that is, a large part of the child's inherent energy is utilized by his conflicts and is not free to flow outward in creative production.

Whether or not I am correct in my interpretation of the relationship of conflict to the productivity of gifted children, it is unlikely that any guidance we may contrive for them will diminish their productivity. Should these children come through into adult life reasonably stable and adjusted personalities, their adjustment is likely to be on a different level, of a different quality, from that characteristic of persons we commonly think of as adjusted. These children are vastly more sensitive to and reactive to the experiences of living than are children in general. Their minds are more active in organizing their experiences into an inner reconstruction of reality. Their reconstructions of reality are more personal, less cultural. Their adjustments are more largely to the demands of this personal reality. From this fact springs much of their creativeness. From this fact must spring, as well, a certain sense of conflict with their environing culture. There is little danger of these children's feeling so at peace with their social world that their creative fires are dampened.

IV

In closing, I will point out what the essentials of the community program I have suggested seem to me to be.

1. Early identification of the potentially gifted children in the community. Such identification is most feasible at the time children enter school.[1]

2. The working out of a satisfactory pattern of educational experience for gifted children. It is not within my province to attempt to specify the details of this experience. It would seem obvious, however, that the basic problem is the construction of a type of school experience that will meet the gifted child's social and emotional needs as well as his intellectual needs (thus contributing to his inner security and social interest); that will challenge his abilities (thereby contributing to the productive channeling of his drive); and that will afford him the opportunity to work through the inner conflicts that reflect the heterogeneity of his culture, and so to integrate his interests with the stream of the community's life. It would seem equally obvious that this educational experience must be a continuous one—from the elementary school, through the secondary school, into college and the graduate or professional school. I leave it to more expert educationists than myself to grapple with the problems that obviously must be solved in constructing such a pattern of educational experience for gifted children.

It would seem to me, however, that perhaps the most important problem we face in working out a more constructive educational experience for gifted children—indeed, for all children—is that of how to make going to school more productive of "social interest." By "social interest" I mean the out-going of the child's interest and drive toward the persons, relationships, and activities that constitute his social

[1] Identification of potentially gifted children necessitates, of course, some type of testing program. This need not be elaborate. Indeed, the majority both of gifted children and of very dull children can probably be identified at this age level by such inexpensive and simply administered tests as Florence Goodenough's "drawing of man" (see *Measurement of Intelligence by Drawings*, by Florence Goodenough. Yonkers-on-Hudson, N. Y., World Book Company, 1926) and Joseph Miller's geometric figures. See "Intelligence Testing by Drawings," by Joseph Miller. *Journal of Educational Psychology*, Vol. 29, pp. 390–94, May, 1938.

world. Many clinicians feel that children differ inherently in their potentiality for the development of social interest. Research (*e.g.*, the series of studies precipitated by the publication of Kretschmer's *Physique and Character*) has not, however, succeeded in demonstrating such an inherent potentiality. Furthermore, clinicians are agreed that, in the great majority of individuals—whatever inherent developmental bias there may be—life experience is the more significant determinant of social interest.

Social interest is the result of satisfactory social living, of social experience in which the child finds personal security. Experiments with curriculum, classroom organization and management, and teaching method contribute to make going to school a satisfying experience in social living only on a superficial level. The basic satisfaction of all social experience is determined on a more fundamental level—that of personal insight, understanding, and relationship.

The individual's social interest is the basic factor in determining the degree to which his specific interests are integrated with and free to function in the stream of the community's life. When children have adequate social interest, there is no problem in getting them to accept the values of the community. The problem is, rather, in a culture like our own, to agree on the values we wish them to accept. Their social interest makes, through identification, the community's values their own. Children with adequate social interest inevitably grow into adults whose interests are socially oriented. On the other hand, if the child lacks social interest, the curriculum-and-instruction type of character education is fruitless, as often as not merely affording the child a basis for elaborating his rejections of the values of the community.

3. The community must find a way to give gifted children assurance that the creative products of their unique abilities and talents are appreciated, have value. A significant step in this direction, I believe, is the Cultural Olympics of the School of Education of the University of Pennsylvania. Like opportunity for recognition of their production should be extended to gifted children throughout the nation.

4. Guidance must be made available to the parents of gifted

children. Vital as the influence of educational and community experience is in determining the effectiveness and productivity of the individual, the influence of his family experience is more fundamental. Study and discussion groups of parents of gifted children might have value in increasing understanding and giving reassurance. Guidance centers, such as the Clinic for the Social Adjustment of the Gifted, need to be multiplied.[1]

It is my conviction that there is no special pleading in urging the community to provide a more constructive developmental experience for its gifted children. Gifted children are the nation's most precious resource. The conservation and utilization of these children is a vastly more significant problem than the conservation and utilization of forests, fisheries, coal, water power, or oil. They have a tremendous contribution to make in the working out of our national destiny. It is one of the potential strengths of democracy that it can utilize the unique differences in ability among its citizens. These are not times when our democracy can afford to neglect its potential strengths.

[1] The Clinic for the Social Adjustment of the Gifted, of the School of Education of New York University, has demonstrated the value of such guidance centers, and the eagerness with which parents—though unfortunately not teachers—grasp the services they afford. The Clinic for the Social Adjustment of the Gifted offers educational, psychological, pediatric, psychiatric, and case-work service to its clients. The clinic undertakes, through study of the child, his history, and his situation, to achieve a basic understanding of his needs, and to share this understanding with the child's parents, teachers and others who have relationship with the child.

The clinic undertakes, further, to collect information on the multitude of resources available in a metropolitan area like that of greater New York, and how they may be utilized to meet the needs of gifted children. The clinic undertakes, finally, to deal with less serious emotional problems that may be handled on a mental-hygiene level.

The clinic admits children between four and fourteen years of age, whose intelligence quotients are 130 or above. A child having been admitted, the clinic's services are available to him, as needed, for an indefinite period. A considerable number of young adults, admitted as children, return on their own initiative from time to time for guidance and help with their problems.

ERRORS AND PROBLEMS IN PSYCHIATRY *

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ANY program ambitious enough to project a plan of action for the future of psychiatry and mental hygiene must also consider the errors that have interfered with progress in the past. It is in no hypercritical spirit, but with complete candor, implicating myself as one of those who have contributed to the errors, that I discuss the errors of psychiatry.

Overunification.—The first error dates back to the early days of psychiatry and is a result of that natural state of confused unification which always exists when little is known about a subject. "All cats look gray in the dark," is an old Anglo-Saxon aphorism. This was given a more polysyllabic form in Herbert Spencer's celebrated definition of evolution. Formidably expressed, the formula is in reality simple, signifying that an ill-defined homogeneity changes gradually into well-defined heterogeneities. Montaigne put the matter more simply still when he stated that the man who does not know says "hello" to the crowd, while the man who does know greets separate individuals.

Thus the term "insanity," recognized as having merely legal implications and ill-adapted to express medical entities, was succeeded by the term "psychosis." However well-intentioned the advent of this word, it has helped little, if at all. So the term "psychiatry," implying a unit discipline, is fallacious, leading us to believe that we are a separate group of individuals, doing a separate kind of job.

Let us examine the types of work that fall into the domain of the psychiatrist as part of the field of psychiatry and see how heterogeneous and non-unified his work really is.

* From the Division of Psychiatric Research of the Boston State Hospital, aided by grants from the Commonwealth of Massachusetts and the Rockefeller Foundation.

1. In the diagnosis and treatment of general paresis, the psychiatrist is dealing with syphilis. He is blood brother, so far as work is concerned, to the man who studies syphilis of the arteries or of the liver; and by a broader unification, his work relates to infection and its effects upon the human body. There is no biological relationship of any importance between general paresis and schizophrenia, but there is such a relationship between general paresis and gumma of the liver.

2. A large proportion of the cases in any state hospital is made up of individuals who are suffering from changes due to disease of the arteries, the heart, and more broadly those retrograde processes consequent upon old age. In dealing with this problem, the psychiatrist becomes an internist whose business it is to study the why's and wherefore's of arterial degeneration, of cardiac failure, of those metabolic changes throughout the organism associated with water imbalance and lipoid deposit. Incidentally, the patient presents mental disease; fundamentally, his condition is a problem of internal medicine.

3. When the psychiatrist turns his attention to the alcoholics, he is confronted with several sets of problems. *First,* there are those relating to vitamin deficiency and the buffer effect of B_1 upon peripheral nerves, of B complex on the brain cells and skin, and of C in relationship to its reduction oxidation activities. He becomes a biochemist interested in the ecological relationships between the plants and the animals that furnish the vitamins and the human being who is to ingest them in proper amount. *Second,* since the vitamin deficiencies explain only a small part of the neuropathology of alcoholism, he has other damaging effects on brain and body to consider—in other words, the pharmacology and toxicology of alcohol as a drug. *Third,* as another set of problems, he has to deal with the sociology and psychology of alcoholism. He becomes plunged into those economic and social relationships which bear heavily upon the individual, which create or elicit depression and bring forth the desire for escape. He also has to deal with the educational processes and the social traditions that tend to diminish or to increase alcoholism in the community. Furthermore, he has to deal with those social procedures by which alcohol is bought and sold, becoming one of

the great commodities of commerce. We can trace the relationships that exist here into a dozen fields which are relevant to our problem.

4. When the psychiatrist turns his attention to manic-depressive psychosis and dementia praecox, he is confronted by constitutional diseases related in some obscure way to body form, definitely linked up with the hereditary processes, and yet having some environmental relationship. The psychiatrist thus becomes a student of constitution and heredity, collaborates with geneticists, and has to know about their technique and ways of approach. Statistics immediately become important to him, but in addition he is confronted by the individual problem and the individual patient, his biochemistry and his physical structure, and—very important at the present time—the results of pharmacological remedies. Perforce, he becomes a pharmacologist, studying by scientific method the effects of insulin, metrazol, and other drugs. If he conceives, as I do, that a large part of the symptomatology seen in the state hospitals in the case of schizophrenia represents a "prison stupor," he has to bring about ways and means by which these will be overcome. He becomes interested in physiotherapy as well as psychotherapy.

5. Suppose the psychiatrist has to deal with cretinism. Here he comes into contact with the functions of the thyroid gland. He is plunged into the intricacies of water metabolism and the relationship of sea salts to the water supply. He feels his way, willy-nilly—if he is to do his work well, and especially if he is to contribute to the knowledge of cretinism—into the manifold obscurities of one of the most important fields of biology—endocrinology.

6. When we pass on to the psychoneuroses, we come to psychiatric problems of huge and genuine importance, but related to every field of medicine, since in the neuroses symptoms referable to every system of the body occur. We also come into contact with personality in its fullest sense. We become involved in psychogenesis and the relationship between mind and body and, let it be emphasized, between body and mind in a concrete and practical way. If there is a psychosomatics, by the same token and, I believe, more directly, there is a somatopsychics. When we enter the field

of the neuroses, we are at the source of mental disease and must consider as adequately as is possible the personality and body structure as a whole, as well as the individual social setting.

7. Heaven help the psychiatrist when he becomes, or attempts to become, an authority on crime. As I stated in a review of a certain textbook on psychiatry, there are two social attitudes taken toward the psychiatrist which it is of importance for him to understand and to guard against. The one, crudely expressed, is that he is a nut taking care of nuts; and the second, more flattering and more dangerous, is that he is a Mr. Know-It-All, who is also Mr. Fix-It-All. And so, taking the second hypothesis as the correct one, he feels himself impelled to become an authority on crime and to treat it from a psychiatric standpoint, when, as a matter of fact, it is socially defined and, in large measure, socially created. There is, of course, a psychiatric relationship, if we mean further that *possibly* there is an abnormal mental state characteristic of some criminals, since criminals can no more be unified than psychiatrists.

Enough has been said to indicate that psychiatry is no unified field, that in it many branches of medicine and many human disciplines converge, so that in so far as mental hospitals are concerned, the psychiatrist becomes something like the keeper of a zoo, who has to deal with many species of animals, from fishes to elephants. No unified procedure is involved in any practical way. The treatment of syphilis is largely specific. The treatment of crime has yet to be found. Furthermore, the psychiatrist is incapable of handling all these problems as if they were one and belonged to him. He must call upon collaborators from every field of human work and call upon them liberally. Syphilologists, internists, geneticists, statisticians, psychologists, economists, social workers—all these are necessary for his work, and if he has one rôle more important than any other, it is that of director of the work. He must, consequently, have the ability to isolate his problems, to make heterogeneities of them rather than an ill-defined homogeneous unit.

Consequently, the advice to take into account some psychobiological unity is, in the main, a counsel of perfection which in reality does not help the situation to any great extent.

Necessary as it may be to keep it in mind, especially when dealing with the neuroses, it has no very great relevance in the treatment of general paresis, of pellagra, of cretinism, and of many another problem. Far more has been accomplished by thinking of schizophrenia as a pharmacological disorder than by considering it a psychological unity with links that reach out into a universe of variables.

A Tentative Program for State Hospitals.—Thus, in any program of state-hospital work, it seems to me that the hospitals should be organized on a functional basis. The present plan of hospital division is largely one of convenience for the hospital authorities. It is very pleasant, because it is relatively easy, to keep patients segregated on the basis of their conduct—that is, whether they are cleanly, obedient, tractable, workable, or the reverse. Such segregation makes it easier for nurses and doctors, but obscures the essential problems of psychiatry, which are not concerned with the ease and convenience of psychiatrists and nurses, but with the understanding and cure of mental diseases.

1. All the cases of general paresis in any institution ought to constitute a unit, separately housed and separately treated. It would then be possible to bring into the situation an orderly, well-thought-out plan of treatment. At the present time there is complete chaos so far as the treatment of syphilitics in state hospitals is concerned. In some institutions, there is almost no care or treatment. In others, the emphasis is on tryparsamide. In a few, hyperthermia is used in isolated instances without regard to statistics or to the problem as a whole. In no state, so far as my knowledge goes, is there a unified attack.

Furthermore, we are resting too content with our present forms of therapy. We need to shake off the glamour of Ehrlich's work and that of Wagner von Jauregg. The therapy is not satisfactory, statistics to the contrary notwithstanding. There is, undoubtedly, some better pharmacological method awaiting discovery. A segregation of attention by means of a large-scale investigation and experimentation carried out by some state or university is necessary.

Moreover, a mental-hygiene program for dealing with syphilis should be fundamentally different from one dealing with other conditions. Education in regard to syphilis is now

proceeding on a large scale, but not through mental-hygiene societies. The relationship of syphilis to mental disease should be stressed by popular lectures, by articles in magazines, by a manifold social propaganda. Ways of preventing syphilis, the essential need of segregating syphilitics, a frank social approach to the problem of prostitution and irregular sexual activities, should be a part of mental-hygiene teaching and social effort.

2. There should likewise be a segregation of alcoholics on the wards of hospitals. It would then be much easier to increase the dietary, to administer vitamins, and to carry on researches in respect to alcoholism. The problem of alcohol, however, is not primarily one of the state hospital. It is a problem of the community. *Mental hygiene should stress by organized publicity that alcohol is a narcotic,* that the escape that excess gives is not worth what it costs, that making it a large part of everyday social relationships is a dangerous procedure, and that while its use enhances sociability, again the cost is often too great for the profit obtained. Moderation and temperance should be stressed as goals of the individual life, and society should cease regarding alcohol as a source of humor and a prime essential of sociability, and should rather view its continuous ingestion as a source of immense injury to the personality. The finest human types fall victims to alcoholism, and the habit of serving alcohol on every occasion is a menace to the individual that needs stressing by mental hygiene.

Further, alcoholism should be regarded as a disease, not to be treated in costly sanatoria, but to be cared for by outdoor clinics as part of the routine of hospital organization. In other words, alcoholism needs clinics as much as diabetes and the metabolic diseases do. The states do make a gesture in this direction. For example, there is the state institution at Bridgewater, Massachusetts, but fundamentally this is a penal institution despite all its claims, and no attempt is made to regenerate the alcoholic in this or in other such institutions.

A more direct chemical approach might be made. It is possible that pharmacological means have a value, as shown by the work of Davidoff and Reifenstein [1] and by Bloomberg's

[1] See "The Results of Eighteen Months of Benzedrine Sulfate Therapy in Psychiatry," by E. Davidoff, M.D., and E. C. Reifenstein, Jr., M.D. *American Journal of Psychiatry,* Vol. 95, pp. 945–70, January, 1939.

recent paper on the use of benzedrine sulfate.[1] Whether this drug or some other drug can be evolved, it is a fact that there must be a chemical antidote to the craving and to the habit, as well as to the other effects produced.

In other words, the problem needs to be attacked socially by propaganda and medically by clinics and by research into its psychology and pharmacology, and by sociological means as well, whereby licensing systems of better types may be evolved. It is a sad commentary on democracy that the legislators have betrayed the community. They promised to do away with the bar, yet the bar is more prevalent than ever before. The experiment of Prohibition showed that legislation alone can do but little. But there is every reason to believe that education, medicine, research, and moderate regulating legislation can do much for the problem of alcoholism.

3. The constitutional psychoses, schizophrenia and manic-depressive psychosis, should also be studied in segregation in the institutions. In the case of schizophrenia, we have learned much recently. We have learned that the disease is not irreversible; that a large number of individuals, for a short time at least, can be changed by pharmacology. This is the first flight of the airplane. True, it has crashed after flying ten yards, but it has flown, and that is the important thing. A new road towards treatment has been opened.

We know that schizophrenic deterioration is superficial. This is shown by the experiments with amytal, benzedrine sulfate, metrazol, and insulin. On this basis and because the institutions still have a prison atmosphere, I evolved what I have called the "total push" method,[2] which is merely an elaboration of techniques used since the days of Pinel in psychiatry and of which every enlightened institution is an exponent. At present, the schizophrenic is placed in a physiological and motivational vacuum, wherein he is removed from all the influences by which normal health, mental and physi-

[1] "Treatment of Chronic Alcoholism with Amphetamine (Benzedrine) Sulfate," by W. Bloomberg, M.D. *New England Journal of Medicine*, Vol. 220, pp. 129–35, January 26, 1939.

[2] See "Theory and Principles of the 'Total Push' Method in the Treatment of Chronic Schizophrenia," by A. Myerson, M.D. (*American Journal of Psychiatry*, Vol. 95, pp. 1197–1204, March, 1939.) See also "The Practice of the Total Push Method in the Treatment of Chronic Schizophrenia" by K. J. Tillotson, M.D. *American Journal of Psychiatry*, Vol. 95, pp. 1205–13, March, 1939.

cal, is maintained. Both physiological activation and social activation—operating through praise, blame, reward and punishment, and through education—are eliminated. The schizophrenic, by and large, is neglected and whatever is done for him is done haphazardly. Some results that we have obtained at the McLean Hospital, and in a different way more diffusely at the Boston State Hospital, strongly indicate that if the prison atmosphere is removed; if the individual is pushed or activated (if the word "push" is too crude) into activity, into games, exercise, and work; if he is stimulated by physiotherapy of various types; if he is given extra calories and vitamins; and if praise, blame, reward and punishment are brought to bear upon him—he improves remarkably in conduct. Whether or not schizophrenia is thus cured—which is a matter for the future to decide and which is very unlikely—a great improvement takes place in the disease process. Part of the institutional life should be directed toward doing away with all procedures that emphasize restraint and that promote apathy. Fresh air, sunshine, exercise and food, motivation toward a freer life are fundamentals of all therapy and especially in the mental diseases.

However, the problems of schizophrenia and manic-depressive psychosis bring us into the most immediate relationship with heredity and constitution. There can be no question, I believe, that these diseases are, of all the psychoses, most intimately related to the stuff out of which the individual is made by virtue of the hereditary processes. Consequently, there should be an educational and legislative program dealing with the inheritance of mental disease, a program based upon knowledge, and not upon fanaticism. In a democracy, such a program can operate only through the will of the people and not through fiat. The Committee of the American Neurological Association for the Investigation of Sterilization and the British Royal Commission have sufficiently emphasized for the present the facts that we have and the directions that legislation should follow. Voluntary selective sterilization is strongly indicated. But this can come about only if the community is educated, and here is one of the fields of work for mental hygiene.

But more than this is indicated. A long-time research into heredity must come about. An institute should be financed for

at least fifty years, in which statisticians, geneticists, psychiatrists, social workers, and others would collaborate, in which individuals would be watched throughout their life span, family groups studied in an intensive way, and results reached that would stand the test of critical scientific judgment.

If we develop techniques by which the individual patient is cured, we shall in a sense be working against eugenics unless means are taken to control the propagation of these individuals. As we advance in therapeutics, we should advance in eugenics, a eugenics scientific, humane, non-fanatical, and with a chance of being accepted into the mores and legal structure of the American community.

Meanwhile, we need not be daunted by the word "constitution" or the word "heredity." There is no more a unitary heredity than there is a unitary environment, and some heredity undoubtedly represents a *disease* of the germ plasm rather than a factor of the Mendelian type. Even though a disease has a constitutional basis, physicochemical substances may be found to offset it, as in diabetes, which is constitutional, insulin is of great usefulness. There is no limit to the possible achievements of research.

4. We could deal endlessly with the neuroses. These are the most common diseases of mankind. They represent constitutional factors, social stress, physical illness, and the operation of individual psychological factors. We can be grateful to Freud and the psychoanalysts for emphasizing the rôle of conflict in the neuroses, without accepting in any total way their conclusions or their techniques. These diseases, which we lump together under the heading "neuroses," are probably more nearly related to factors that operate in our everyday life—to morals, sexual frustration and trauma, economic maladjustment, and fatigue—than any other disease of mankind. We must accept the fact that as yet the genesis of the neuroses is not established and that scientific research has hardly begun in this field.

5. The problem of fatigue should be taken up as one of the great fields of research. What are the sources of human energy and fatigue? What conditions lower mood and energy? Is the working day sufficiently interspersed with

periods of rest and recuperation? What is the effect of inhibition and frustration of the impulsive trends of man? How does sleep come about? What injures the recuperative value of sleep? The problems of insomnia, of disturbed rest, and of recuperation loom large to every clinician who deals with the individual patient. When we consider social life as a whole, we find that in a large measure society is in a conspiracy against sleep, with its night life and the excitement engendered by social gatherings when the individual should be getting ready for sleep; with the stimuli with which we flood ourselves morning, noon, and night through the radio, the theater, the automobile, and those implements which have narrowed time-space and the isolation and insulation of the individual. These are legitimate subjects for psychiatric study and form legitimate grounds for social education on the part of mental hygiene.

How far, for example, are morals based on physiology, and how far are they based on taboo, tradition, and totem? This same question may be asked not only of the genito-urinary tract, but of the gastrointestinal tract. How far do the habits of eating, dining, and so forth relate to the essential physiologic needs of man, and how far to built-up custom and ceremonial which swamp primitive need and function?

6. In the senile diseases, we are confronted with the fact that the main increase in the mental diseases is that due to old age and arterial and bodily retrogression. The rates of mental diseases of other types are either stationary or decreasing, but with the lowered birth rate and the falling death rate, there is a disproportion of old people in our population. Furthermore, the increase in urbanization, together with our general economic and æsthetic development, makes it impossible or distasteful for many people to care for their old at home.

But if one goes into any state hospital and walks through the wards where old people are kept, one finds mainly sick old people whose psychiatric problem is incidental. As a first step, there should be segregation of this problem from the general body of psychiatry, with different costs of maintenance, different types of care, and a different set of research workers struggling with the problems of old age. It might even be possible to avoid commitment in most cases. State

care and hospital care would still be the ways of handling the problem, but the state would give a selective and segregated attention to this problem.

It will easily be seen from the foregoing that we are not dealing with a unified problem when we discuss psychiatry. We are dealing with many problems, which, while they may have some common basis and may at some future time be unified in a formula for us by some genius, should at the present time be considered more or less separately. "All cats look gray in the dark," but cats become of different types and different colors when daylight floods the scene. Psychiatry is unified only because of vague knowledge. With discrete understanding and more exact scientific effort, its field becomes that of individual groups and entities; it even becomes the study of each individual alone.

The Dichotomy Error.—1. The dichotomy error is that by which mind and body, heredity and environment, good and bad, are separated and considered as if they were of different natures. This dichotomy is useful and is part of an inevitable propensity of the human mind. It makes it possible to study problems with greater clarity. But actually there is, for example, no heredity operating in a vacuum. The germ plasm lives in the body and is continually flooded, penetrated, and modified by environmental forces. Its very existence depends upon the quality of the blood in which it is immersed.

There is no one type of heredity. The word is a unit, but the subject matter is not. As a matter of fact, Mendelism explains only a limited field of hereditary phenomena. We see little in it that explains the invariable character of species. It tells us in what ratios smoothness and greenness are inherited in relationship to the pods of peas; it does not tell us about pods themselves. It exhibits dramatically and mathematically the ratios of blue eyes to gray, but does not explain the invariable or nearly invariable complex of the eye which stretches from the lid back to the occipital lobe and is linked structurally and organically with the entire organism, and which has a history of evolution throughout the insect world and the mammalian world to which the Mendelian hypothesis, in my opinion, does not apply.

Here is one of the cases where science has evolved wide-

spreading formulæ from relatively few facts. There are chromosomes; there are, undoubtedly, genes, and these in certain characters and qualities express themselves in a Mendelian fashion. But neither genes nor chromosomes explain the totality of human or other inheritance. There is heredity even before genes and chromosomes appear on the scene, as, for example, in bacteria. And, moreover, there are plenty of experiments to show that it is very likely that the cytoplasm of the egg plays a rôle in heredity, and there are authorities who take this point of view.

Furthermore, there is what might be called an "environmental evocative heredity," even of Mendelian type, as, for example, the defective abdomen of certain types of fly, which develop these structures and breed in mathematical Mendelian fashion in a moist atmosphere, but which lose these defective abdomens in a normal atmosphere, and likewise breed true. Experiments with the salamander in land and sea environments change the expressed hereditary characters. In these cases and in many others the environment *evokes* the type of heredity that is expressed, just as in the environment qualities may lie dormant and non-expressed, but a polarity of function becomes expressed with a changed environment. People are warlike and brutal in battle who become tender and loving in peace.

There is a third type of hereditary and environmental relationship of importance, what I here call the "environmental focusing heredity" type. One can focus radiations of various types on animals and markedly change the mutation rate, bringing about new forms and types. The concentration of salts in sea water has remarkable powers of changing sex expression. Frogs and other animals change in their evolution of sexual form according to definite environmental situations. One can cite any number of experiments by which changes in the expressed form are brought about as one focuses environmental forces on males and females of varying types. There may even be—and I believe there is—a "sick" heredity, blastophoria, by which defective descendants come into the world for several generations after certain types of injury to an individual, such as poisoning by alcohol or marked change in the nutritive media.

We may be dealing with this kind of thing in mental disease.

The effort to find Mendelian ratios in the heredity of mental disease falsifies the results and oversubtilizes the efforts by setting up what seems to me to be an artificial criterion, since while Mendelian ratios do apply to many characters, they do not apply to all.

2. The same type of fallacy is involved in the words "organic" and "functional." In a certain sense, we associate the word "organic" with lesions which are more or less permanent, and "functional" with states brought about by psychological influences, which may be reversed. Actual examination of the facts of medicine shows that many organic diseases are curable, while functional diseases are often, so far as our present techniques go, entirely incurable. The failure of the words to be accurate and helpful lies deeper than this. The fact is that whatever happens is at least temporarily organic and certainly permanent in the sense that the organism is changed by every experience, no matter of what type.

An emotion that sends the heart pounding and changes the gastrointestinal motility, dries up the mouth, and produces a shift of blood, so that an individual becomes pale and faints, is at the time an organic event of great magnitude, and whether or not any direct results are measurable by our present methods, the experience has left its engram on the organism. A psychological experience, so-called, has to operate through the senses and imprints itself on the organism by the roots of entry common to all experiences, whether they be those that we directly call physical, such as a blow, or a drug, or an infection, or those that we call psychological. The loss of appetite and the fatigue experienced in the functional states undoubtedly has some physiologic setting, and treatment of the neuroses entirely by psychological means is ill advised.

A further point is this: Nowhere else in science is it assumed that when the cause of a condition has been found, the discovery of that cause has solved the problem of dealing with the condition. This assumption is implied in a great deal of present-day psychotherapy. It is assumed that if we can trace the individual life back to some more or less causative experience, the patient gets well or shakes off the neurosis

as a consequence of this discovery. It does not, however, help mechanical injuries to know what caused the injuries. It is necessary to know how to repair them.

It is equally true that no matter what life experiences have created the neurosis, the neurosis exists as something independent of its causation. It is a result that will not disappear by any amount of stirring up of the past life of the individual. It may be of great value to know those experiences; it helps in reorienting the patient. But people do not live in the past, and the past does not remain as something by itself, but *lives in its results.*

There is, consequently, a necessity for reorganizing the habits of the individual, for building up the physical health, for increasing strength and endurance, for promoting natural and refreshing sleep, for increasing the appetite, for rebuilding the ideals and the motives. Psychotherapy is physiotherapy too, and physiotherapy is psychotherapy.

There is no separation between mind and body, between functional and organic, between psychology and physical that warrants the physician in using only one set of tools for his work, or for resting content with any one technique or approach. To assume that any one technique or approach in our present knowledge is sufficient is fundamentally scientific arrogance and is not justified by anything in the history of science and certainly nothing in the history of medicine. To assume that things mental can be cured only by psychological means is to forget the enormous experience of mankind, which shows that a cup of coffee eliminates fatigue and builds up the individual so that he can continue with his work; that alcohol changes personality; that a good night's sleep sets at ease the disturbed mind and reorganizes the mental energies for the next day's work and that of the days that follow.

Mental hygiene is physical hygiene as well, and physical hygiene is mental hygiene, too. We must not let the conveniences of mind, which are expressed in the breaking up of experience by words, influence our attitude toward our job, which is always a consideration of mind-body.

The Authoritarian Error.—A further error appears when we consider the rôle of authority and the failure to establish principles of proof. An authority, such as Kretschmer, divides up mankind into a few physical types and relates

these types to mental disease. And then, in order to fit the facts into the authoritarian statement, the most subtle and hair-splitting distinctions and re-formations have to be made. Any examination of the facts shows that man is a mosaic of qualities. And the Mendelian facts show how this comes about. On the physical side, a man may have a pyknic face, an athletic torso, and asthenic legs. An otherwise good athlete may be completely disabled by the fact that he has asthenic arches.

When one studies the proof for the assertions of this authority, one finds nothing of conclusive scientific validity. No principles of proof have been followed. The cases are too few, the control studies insufficient, and the variables too ill-defined. Yet the words that have been brought into the language by this effort tend to dominate thought.

The mentalities of people cannot be classified into schizoid, cyclothymic, or any combination of the two. A man may be definitely schizoid in one set of reactions and quite cyclothymic in another. Moreover, *it is not true that people who develop manic-depressive psychosis have what we call a cyclothymic temperament. They are not people of easy up-and-down in mood; they tend to be in their normal periods either moderately depressed or moderately hypomanic.* The volatile people, those whose moods swing readily, are not more subject to manic-depressive psychosis than any other group.

Similarly with the pronunciamento about the shut-in personality. Whatever clinical studies have been made have shown that the shut-in temperament is not particularly related to schizophrenia, at least in any etiologic sense.

The tendency to accept authority without proof is particularly the case with regard to psychotherapy, where, practically speaking, no control studies of any kind have been made. The less conclusive the proof, the more dogmatic the assertion. This seems to be the case in a good deal of psychiatry. Thus, the statements about mother domination could easily be tested out. What proportion of people who have neuroses, as compared with people who have had none, have been dominated by their mothers, and what is meant by mother domination or mother fixation? Most of the

writings on the matter are models of ingenuity, but not of ingenuousness.

If an hypothesis is advanced, let it be frankly announced as such, with an accompanying statement that no complete proof exists, although it may be forthcoming as a result of the work to be done. Science accepts the working hypothesis as an important tool. Let others who are to work in the field accept the hypothesis if they wish to and work with it, but let them be open-minded in discovering the discrepancies that separate the hypothesis and the facts. Moreover, therapeutic claims have a background of control study. Without this control study, there is no proof. One may accept as a control study the total experience of psychiatry, as when undoubted and chronic cases of schizophrenia are treated. But when early cases of schizophrenia are treated by a new method, it must be taken into account that psychiatry has not as yet developed a fool-proof system of differential diagnosis between schizophrenia and easily recoverable diseases; furthermore, that the early case of schizophrenia has a marked tendency to spontaneous remission of symptoms.

We must have leaders, but these leaders should not dictate how we shall think and how we shall treat our patients, nor be exempt from the most critical evaluation of their statements.

Nor must we mistake the coining of new words for evidence of progress. Frankly, I see nothing much in the term "schizophrenia" that gives it an advantage over "dementia praecox"; as a matter of fact, "schizophrenia" etymologically means nothing more than "crazy." Furthermore, the list of mental diseases embraced by the term, according to Bleuler himself, includes the following conditions or diseases: nearly all "hysterical" melancholias and manias, most hallucinatory confusions, part of forms assigned to delirium acutum, the motility psychoses of Wernicke, primary and secondary dementias without special names, hypochondrias, puberty psychoses, degeneration psychoses of Magnans, many prison psychoses, Ganser twilight states, and Kraepelin's paraphrenias. Certainly nothing has been gained in the matter of precision and clearness of concept by a term that embraces so wide a domain.

One of the best things that psychiatry could do at the

present time would be to gather together the symptoms of what we call dementia praecox or schizophrenia and select from the group those that are critical in the diagnosis, without which, let us say, no diagnosis of this kind could be made. That is, an attempt to evaluate symptoms according to a scale of differential diagnostic importance should be made. At the same time, a thorough search should be made for those physical findings which somewhere underlie whatever mental state an individual exhibits.

Age-of-Onset Error.—Another error that frequently appears in psychiatry is the "age-of-onset" fallacy. I have often cited to skilled psychiatrists a case in which the individual showed deterioration, poor memory, hallucinations of sight and hearing, delusions of persecution, retreat into apathy and indifference with marked loss of social contact, and mutism, and have asked them what the probable diagnosis was. Invariably, the answer has been dementia praecox or schizophrenia. Then if I have stated that the age of onset of these symptoms was seventy-five, the diagnosis has been shifted to senile dementia. We do not exclude tuberculosis, no matter at what age it is discovered, and a man may have scarlatina at sixty. The clinical grouping makes the diagnosis, not the age of onset. It is probable that there are many cases of schizophrenia which first develop in overt form in the later period of life.

The Prognosis Error.—There are cases of tuberculosis of short duration and of complete cure; there are others that run a chronic course up and down during a long life span; and there are still others in which the individual dies within a very short period of time. The same is true of syphilis and many other diseases. Recovery, like the flowers that bloom in the spring, has nothing to do with the case, so far as diagnosis is concerned. The diagnosis of schizophrenia, for example, should not rest on recovery or duration, but should depend on the presence of a concrete group of symptoms.

Working Program for Mental Hygiene.—If we are formulating a working program for mental hygiene, I should say that its first task lies in the field of psychiatry; that its job should be to make the hospitals better institutions, to foster all kinds of research, to build up training centers for psychiatrists, and to help bring it about that the rewards of institu-

tional psychiatry become sufficient to attract the more brilliant young men and women who graduate in medicine yearly. A specialty is as good as the people who go into it, and what psychiatry needs above all things is young men and women of genius and talent.

Its program of propaganda or education should be concrete and relate to specific problems, such as syphilis, alcohol, vitamin deficiency, constitution and heredity, eugenics, and so forth. It cannot spread itself over the entire map without losing in effectiveness what it gains in scope.

Its second field is definitely that of the understanding and care of the child. Here it must work more directly in collaboration with other social agencies, housing, health, school, and economic authorities. The home, the school, and industry should be studied dispassionately and with no *a priori* theories as to their effects upon the growing child. There are homes in which the vitamins and calories of normal mental development are lacking. In such homes good example is lacking, good discipline is absent, there is physical and mental disease, and the total atmosphere does not foster the intelligence or build up control of the emotions. Society has a very definite duty in respect to these homes, and that is to take the child away from them. This may be a counsel of perfection, and it would be totally outside the realm of possible accomplishment at the present time. Nevertheless, it remains a goal of importance.

One could build up hundreds of problems in regard to the school. The child is fundamentally, in his early years at least, an animal that grows by play and outdoor exercise. In many instances, the school robs him of his playtime and definitely frustrates his longing for exercise and outdoor activity. Especially is this true in adolescence.

One could cite the problems of industry, in so far as childhood is concerned, indefinitely. It is not my intent to point out the problems, but rather to suggest a field of effort, one which would be divided up into research problems and turned over to special workers, the facts being given to society for its guidance.

I do not believe that the field of crime belongs to psychiatry, any more than I believe that the field of education does. I think that psychiatrists have knowledge to give to society in

these matters, but the main guidance, as well as the main activities, in these fields should be those of criminologists and educators. There is nothing in psychiatric training *per se* that makes a man a good criminologist. Nor is there anything in his understanding of teaching problems that makes him a good educator. He can help the criminologist and the educator. He must not lead them, nor assume an authoritarian position in fields about which he knows very little.

Probably all the foregoing may be summed up briefly as follows: Psychiatry has no unified problem to deal with and thus must segregate its problems according to their essential natures. In the handling of these segregated problems, the psychiatrist must enlist the specialists who have knowledge of and experience with the fields in which the problems belong—in the case of general paresis, for example, the specialist in syphilology. Psychiatry then becomes a fusion of various fields of work and enlists various types of worker. The hospitals also should conform in functional organization to the diverse nature of their problem. And mental hygiene, too, in order to be effective, must split up its field of education and propaganda and concentrate on such fields as seem of immediate importance or of greatest accessibility in the way of social techniques and of qualified workers. Psychiatry must demand proof of its leaders and of its authorities, and for that proof it must develop the more rigid techniques that so fruitfully dominate the physical sciences. Above all, it seems to me that the psychiatrist should drop the authoritarian rôle and approach his field of work humbly, diligently, and yet hopefully, zealously scanning the horizon of science for new tools by which he may open up new and fruitful avenues of approach to his problems, and thus develop new and useful methods of cure and prevention.

GROUP THERAPY *

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WORKERS in the field of psychotherapy and case-work have greatly expanded their methods in the last two decades. They have come to recognize that since the causes of mental disturbances are many, treatment must be correspondingly varied. They realize that not all the causes of behavior disorders, inner stresses, and tensions can be relieved by any one method. Since psychopathic and neurotic states have many causes, therapy must vary in accordance with the needs of the specific situation.

In an article dealing with psychotherapy, Dr. David Levy lists the following as methods of treatment now employed: insight therapy, suggestion therapy, training therapy, affect therapy, educational therapy, psychoanalytic therapy. Other types that one comes across in reading contemporary psychiatric literature are impromptu therapy, attitude therapy, relational therapy, authority therapy, tutorial therapy, interpersonal therapy, interpretative therapy, habit therapy, release therapy, and so on. In our own work we have found that satisfying experiences and relationships that either compensate or substitute for disturbing or traumatic situations have definite treatment values. We have, therefore, designated these measures as *compensatory therapy* or *substitutive therapy,* as the case may be.

Among the newer methods now employed with success in a number of mental disturbances and social maladjustments is group therapy, with which the present paper deals specifically. It may be helpful to distinguish at this point between "group therapy" and "therapy in a group." Therapy in a group is older than group therapy. Men like Dr. Ingersoll some sixty or seventy years ago employed it. Dr. Alfred

* Read before the Welfare Council of New York City, April 14, 1939. Part of the material in this paper is included in a forthcoming volume entitled *Group Therapy.*

Adler and Trigant Burrow have used it for decades. In recent years, Drs. Paul Shilder, Hyman S. Lipman, Lauretta Bender, Frank Curran, and others have carried on with unquestioned success treatment in a group setting.

In the January, 1939, issue of the *American Journal of Orthopsychiatry,* Betty Gabriel, a case-worker, described her treatment of very young children in a group. Therapy in a group is practiced through discussion of the individual's problems in the presence of other persons besides the therapist and the patient. It was found that some patients get more release and gain deeper insight when people with similar difficulties are involved in treatment. The group has also the effect of stimulating the formulation of problems and thoughts that can be used with profit in the treatment situation. Some patients feel more secure when others besides the therapist are present.

Group therapy, as we employ the term, is treatment in which no discussion is initiated by the therapist; interpretation is given only in very rare instances and under specific conditions.

The beneficial effects and emotional reorientation in this type of therapy arise from the very fact that individuals live and work together, come into direct and meaningful interaction with one another, and as a result modify their feeling-tones and habitual responses. In this connection, we conceive a group as an aggregation of three or more persons in an informal face-to-face relation, in direct and dynamic interaction with one another, influencing each other deeply and fundamentally, each one's personality being permanently modified as a result. This definition implies small number, age and sex homogeneity, social similarity, and in some cases educational parity as well.

Group Basis of Personality.—Psychology and psychiatry are recognizing more and more that man is essentially a group animal and must be viewed as such, whether in therapy, in education, or in life generally. The destiny of man, savage or civilized, is irrevocably tied up with the group. His growth and development are conditioned by the group's values and attitudes. In the healthy personality the group urges expand to include ever wider areas and ever larger numbers of

persons.[1] Where social interests and participation do not expand, the personality is a defective one. Even the normally introverted person makes contacts with the world to a widening degree, though the pace may be slower and the social area smaller than in the case of the extravert.

Despite these awarenesses, however, little is known as yet of the function and mechanics of group life in development and therapy.[2] This is due to the fact that until recently studies were confined to the effects and influences of individuals upon one another. The change of attitudes and behavior in problem children—not to speak of normal boys and girls in free-activity day or boarding schools—indicates, however, that group life is a potent force in personality organization. Similar observations have been made of delinquents in institutions and in mental hospitals where adequate group life is permitted and encouraged. From these observations the conclusion is justifiably drawn that group interaction has a therapeutic effect as well as being essential in personality growth generally.

Foundations of Group Therapy.—The Jewish Board of Guardians has, since 1934, carried on an experiment in group therapy, as differentiated from therapy in a group. In its present stage, it is based upon four major concepts:

1. Every child needs the security of unconditioned love from his parents and other adults who play a significant rôle in his life. If they do not provide this love, substitutes for them must be supplied. The psychiatrist, the case-worker, the Big Brother or Big Sister, or the group therapist are such substitutes.

2. The ego and sense of self-worth, which are frequently crushed in problem children, must be built up. This is done in group therapy through recognition, by praise and encouragement, of all constructive effort on the part of the child.

[1] A paper by the present writer, entitled *The Group in Development and in Therapy* (1938 Proceedings of the National Conference of Social Work, pp. 339–49) describes eight distinct types of group to which one adjusts in the course of normal development.

[2] In Chapter IV of *Character Education in a Democracy*, (New York: Association Press, 1939) I have described the following group mechanics: interstimulation, interaction, induction, neutralization, intensification, identification, assimilation, polarity, rivalry, projection, and integration.

Destructive behavior, on the other hand, is ignored by the adult; its correction comes from the group itself.

3. Every child needs some genuine interest to occupy his leisure time. In group therapy we provide activities in the constructive, plastic, graphic, and other arts and occupations. There are various tools and materials at hand which the children are permitted to use freely, creating in whatever medium appeals to them. The amount of latent talent that has been uncovered amongst these children is astonishing. If it is true, as many observers believe, that the incidence of artistic talent is greater among problem than among "normal" children, then supplying the opportunity for creative self-expression in a group environment looms as an important tool in the prevention of delinquency.[1]

4. The fourth value of group therapy in rebuilding distorted personalities lies in the opportunity it presents for a significant experience in group relations. Of primary importance is the generous praise that members of these groups spontaneously offer one another. But the opportunities for personality interaction are much more numerous. The members of the group work together; they quarrel, fight—and sometimes strike one another; they argue and haggle, but finally come to some working understanding with one another. Sometimes this process takes six months or more, but once it has been established, it becomes a permanent attitude on the part of the individuals involved. We have evidence that these are carried over to other group relationships in the home, at school, and in play.

These four are only the cardinal principles out of more than a score of minor ones that have been formulated and that we hope to present in a forthcoming publication dealing with group therapy.

The Process of Group Therapy.—As group therapy is constituted at present, it operates in more or less the following manner:

Each group meets in the neighborhood in which its members live. It is supervised by persons carefully selected on

[1] In a recent unpublished study of post-institutional careers of delinquent boys, we find the following significant statement: "Of boys having an interest in athletics, music, animals, reading, stamp collecting, and so on, 60 per cent adjusted as compared with 25 per cent of those who had no interests at all."

the basis of their educational background and personality attributes, who have completed a course of specialized training in group-therapy leadership. The first part of the meeting is spent in free activity, free play, or idling if the member so chooses. The latter part is devoted to a social period; refreshments are served, and the group sits about a table, eating and talking in family fashion. These meetings are varied by trips to places of interest in New York City and its environs, as well as by visits to gymnasia, picnics, and outdoor play in the parks.

As soon as the members have achieved sufficient maturity, they are referred, according to their needs, either as groups or individually, to existing "Y's" or settlements. A report recently received on a group of girls who had been transferred to a neighborhood center reads: "While your girls are handicapped both intellectually and economically, compared with other members of the 'Y,' they seem to display an inordinate interest in and an understanding of music compared to our own members. They are also interested in other arts." We attribute this to their frequent visits to museums, concerts, and the opera, and to the victrola music played and discussed at group-therapy meetings for a period of two years.

We have had a similar experience with another group in a settlement house. Here also the girls participated in all the activities, sent representatives to the house council, paid their own dues, elected officers, and generally functioned as an ordinary constructive club. In all of these activities, the girls were able to participate effectively. Because of various conditions, the majority of these girls were transferred from the case-work department for treatment by the group process alone. Others were supervised by Big Sisters in coöperation with the group-therapy department.

The early beginnings of our groups may be very disturbing to the children and to the worker in charge, as well as to the building in which the group is housed. Behavior is not only boisterous, but in some cases even destructive. The children's pent-up hostility is permitted to find adequate discharge. Clay is used for missiles instead of for its legitimate purposes; it is aimed at bull's-eyes on walls and ceiling and used

in other destructive and symbolic ways. Paints and milk are spilled on the floors. The furniture may on occasion suffer at the hands of our boys. Our clients engage in fist fights, quarrels, abuse, recriminations, and other methods of discharging hostility. Throughout, the worker remains neutral, and if others do not volunteer, sets out to clean up the mess at the end of the meeting.

Because the adult remains indifferent to the rowdyism and is engaged, during these periods when he is being tested by the patients, in some constructive occupation, the children gradually calm down and begin to display more controlled behavior. One of the groups that had upset and littered its meeting room regularly was moved to other quarters. The members, on their own, decided to be more careful about their new room, because this was "our home." Gradually, growth in responsibility takes on more mature forms. It is evidenced by the fact that the members put away materials unasked, take proper care of the dishes, economize on the cost of trips and food, and so on. Only recently, a group of thirteen-year-old boys would not let the worker buy them the customary refreshments because he had hired bicycles, and they felt that the cost of renting them was enough money spent for that day.

Why we permit rowdy and destructive behavior in the early life of a group becomes clear if we analyze the situation in terms of interview psychotherapy. Just as in the latter the client is allowed to express verbally all his resentments and hostilities, so in group therapy we allow him to do it in action. To many children, release through action—especially if it takes place in a group—is more significant than through speech. The *permissive attitude* of the group worker is exactly the same as that of the case-worker and the psychiatrist. Here also, however, to have one's hostility accepted by an adult in the presence of others is a convincing sign of *unconditioned love* and is a source of great security to the child. Authority and restraint come from the group itself and only infrequently from the adult in charge.

To illustrate the effect of this work, we shall present several concise case histories. Two of these are intended to indicate the response of clients in the initial stages of group treat-

ment, which is usually the period of greatest progress. The other material presented deals with clients after prolonged membership in therapy groups.

Case 1.—Paula, aged twelve, was a shy, withdrawn child, whose mother was dead and whose father was going blind. There were four other girls in the family. Two were married, but the married children showed no interest in Paula. After her mother died, Paula had been taken by a Mrs. W. to look after the house. Paula did all the housework and helped in Mr. W.'s cigar store. When referred to the agency she was, however, living at home, neglected and used as a drudge by her sisters, doing most of the heavy cleaning and making of beds, but getting no pocket money. She went to Mrs. W.'s apartment every day after school to earn small sums. She had no friends and no contact with girls or boys of her own age.

At the first meeting Paula gave the impression of being on the defensive. When playing word games, she would try to show off. When the other girls could not give the correct answer, she immediately answered, "I know," and ridiculed the others. She never looked the other girls in the face; she looked "very sly." She did not help with the dishes at the close of the meeting when the other girls washed them.

Paula seemed very resentful of what other girls had. One of the girls wore a wrist watch. Paula wanted to know what she was doing in the "club." She thought it was only for poor girls! Because of her work at Mrs. W's, Paula came to the group whenever she could. She usually came late. She told the worker that she "got the devil for not coming home right after school."

After seven weeks, the report on Paula was as follows:

"Paula seems to have lost her resentfulness and has made two friends. She insists on helping them and is always the first to offer to put away the materials. The girls are very helpful to her, as they realize that she has a hard time of it. They don't show it in any way except by being friendly towards her. She enjoys working on materials, and hates to lose one minute. At first she would not try anything unless she was sure she could do as well as the others. Last meeting she started to paint, first telling the worker that she was very poor at it.

"Her whole make-up seems to have changed. She is always very pleasant to every one, admires the clothes the other girls wear, and takes suggestions from them."

We may add that Paula is now, at nineteen, earning her own living, is a member of a settlement club, has a boy friend, and is quite a happy, though a very limited, person.

Case 2.—Another member of the same group was Joan, aged thirteen, who was referred to the agency because of poor attendance at school, though her scholastic standing was good, and because she was said to be "running wild." She masturbated in school. Her mother worked. Her father was a drug addict and never worked. A sister, eight years older than Joan, lived at home with her common-law husband and a son. The husband had a wife from whom he was not divorced. This sister was in the habit of discussing her marital problems in Joan's presence.

Joan ate at drugstores and restaurants with her sister. She was sullen, oversure of herself, aggressive, and disagreeable. There was no home life and no control whatever was exerted upon the girl.

Joan was sophisticated, better dressed than the other girls, used quite a bit of make-up, and in the group demanded the public eye. From the very first, she discussed only her boy friends and the clothes she desired for spring. During the first few meetings she sat around and worked a little on embroidery, but would not enter into general conversation, except where it pertained to her directly. She had no interest in the other girls unless they went out a lot socially. She would come in every other week or so, always late.

This attitude gradually changed, and after she had been two months in the group, we read in the report:

"The last two meetings, she came in promptly at 3:30 p.m. and stayed to the end. She greeted all the girls cordially and entered into conversation with them. When a discussion of modern art arose (because of a painting one of the girls had made), she listened and admitted that she knew nothing about it, but it sounded interesting, she said, and she would like to see some modern art. She made a very nice clay basket at the last meeting, whereas before she had scoffed at the painting and clay work the other girls were doing. At the last meeting, she asked Jean to walk home with her. Jean was the most backward girl in the group, whom the other girls asked to do odds and ends for them, such as turning on the radio, getting pencils, and so on. When a trip was being discussed, Jean was the only girl who could not go on a Saturday, which seemed the best day for the others. It was Joan who suggested that they might go on some other day, so that Jean would not miss the trip."

The results of about twenty months of treatment are more tellingly evidenced by the following two cases:

Case 3.—When referred to the agency by the school, Paul, aged fourteen, was a seriously upset child. He was maladjusted at school, played truant, and disturbed the classes by his strange behavior. He frequently had very serious attacks of temper. During these he became quite violent, and on one occasion threw a knife at his father and almost injured him seriously. Paul was brought to court twice and was committed to the psychiatric ward of a city hospital for observation. He had a particularly intense hatred for his twin sister and a strong resentment against his mother. These arose from the fact that the sister had been a cardiac case from infancy and required special attention. Paul felt that he had been neglected and discriminated against since childhood. This feeling of resentment he extended to include all women, whom he hated intensely. When he was transferred to a woman case-worker, he used the opportunity to verbalize the hatred in no uncertain terms and heaped abuse and epithets on her. He was very contemptuous of his father. The latter was unattractive and ineffectual, never having earned a living for the family. Paul was ashamed of him. The family was poverty-stricken. The boy went about shining shoes and turned all his earnings over to his mother, as if desiring to accentuate his father's worthlessness. Paul was always unkempt and dirty-looking; his clothes were too small

for him and lacked buttons, and generally he presented a sad and sorry picture.

There seemed to be little movement in this case, especially when Paul was treated by a man. The woman case-worker, too, despaired of helping him and planned to institutionalize the boy. In the course of the case-work treatment, however, the boy was referred for group therapy. Here he showed considerable progress, and the evidence was presented to the psychiatrist during a treatment conference. In view of the boy's evident improvement under this type of treatment, the psychiatrist advised that it be continued.

When Paul came to the group, he was at first inordinately withdrawn. For months he had no contact with the other boys, working by himself in a corner. At the refreshment periods he sat apart from the others. He spent much time lying on the floor on his abdomen reading "funnies." He often acted like a little baby—would shut himself up in the lavatory and scream that he was unable to get out. He liked to pretend that he was a monkey.

The group worker ignored this behavior, and after many weeks, Paul began to play with materials, and soon discovered that he could do things that pleased him and the others about him. The praise from the other boys in the group seemed to mean a great deal to him. He later became attached to the two brightest boys in the group, twin brothers, and they became fast friends. He worked with them, and began to see them outside the group.

The improvement in this boy is described both by the case-worker and by the group-worker as "quite remarkable." He is now, after two years, poised and self-confident, behaving like a mature, responsible person.

The gradual change in Paul's personality can, perhaps, best be illustrated by the following abstract from the camp report, after the first year of group treatment:

"Paul's relationship to both the staff and co-campers this year was excellent. He was well accepted by his immediate group and became the leader of the bunk. He showed a deep sense of loyalty and coöperation and asked to be appointed a junior counselor. Although this request was not granted, he was made an unofficial junior counselor within the bunk group, and reacted splendidly without resorting to domination of his mates. On several occasions he defended younger boys against the onslaughts of bullies. No negative opinion was to be had on him from any member of the staff. All found him to be respectful, friendly, and warm.

"If we are to judge by last year's report, Paul's improvement in his ability to make friendships was indeed remarkable. He seemed free and at ease in the group.

"In general, this boy seemed to have made a phenomenal adjustment."

A year after his discharge from treatment by the agency, we had the opportunity to talk to the director of the settlement to which Paul had been referred by us. He was exceptionally able in many arts, and had built a closet for the

settlement house with the help of some friends. His social adjustment was excellent. He dressed well, was neat in appearance and well-mannered. "He is all that could be desired of a boy his age," the director said. This is an encouraging picture of a boy who was twice haled into court as a delinquent and once committed for psychiatric observation.

Fundamentally, Paul did not want to be a boy. To his childish mind, to be a girl meant to be loved. Was not his little sister, who was born with him, loved, while he was neglected? The only explanation his immature mind could supply was that he suffered from his maleness. He, therefore, did not want to be a boy. Also, to get attention, one had to be babylike, like his sister. Hence his inordinately infantile behavior. But the group accepted his maleness. He could be a boy among boys, and to be a boy did not mean to be rejected and frustrated. One could be a boy and still be accepted like everybody else. He no longer feared to grow up, and so he did grow up. The case-worker helped him through insight therapy, but she states that without the group, little or no progress might have been made with this client. In this case, the interview method in itself was not sufficient. Paul needed a masculine environment and a cultural matrix that would help him accept his masculinity and his own maturity. Because of his limited intellectual capacity and emotional disorganization, he was very poor at school; he had no friends at all—a lone wolf. In the group he found his niche. His manual work attracted attention and praise. He was finally and unconditionally accepted both by the case-worker, a substitute for his mother, and by the group worker, who served as a father surrogate. He gained a positive relation with sibling substitutes. He evolved a feeling of self-worth, a feeling that he later verbalized in his interviews with the case-worker and in his conversations with the group worker.

Case 4.[1]—Ray, aged fifteen, came from a family of five illegitimate daughters, whose father had deserted the family when they were very young, and whose mother eked out a miserable living as a janitress in

[1] The author is indebted to Mrs. Mary Froelich for her aid in compiling the material in this case.

a tenement in a very poor section of the city. In addition, the mother was ill, depressed, and constantly complaining. She traveled from one social agency to another, seeking aid.

Ray was particularly disliked by her two older sisters and her mother, so that she was isolated within the family group. She was entirely friendless in the neighborhood as well. At the time she was referred to the agency, Ray was associating with older boys and men, colored and Porto Rican, who constituted the population of the neighborhood. She had no friends except these men, and was entirely on her own. At school, she was making a very poor adjustment.

Neither intensive case-work treatment nor Big Sister guidance was possible in this situation for various reasons, chiefly because of the mother's and the girl's attitude. She was, therefore, referred to a therapy group. Group treatment lasted from August, 1934, to September, 1936.

Although seriously withdrawn and frightened at first, the easy, permissive, and quieting atmosphere of the group and the kindly, though reserved, attitude of the worker gave Ray courage. She spoke in monosyllables at first; later she was able to participate in general conversations and discussion. She was very backward in manual dexterity and had no interest in arts and crafts. But she became the leader in a play that the group wrote and prepared for production. With two other girls, she wrote the dialogue.

On Ray's birthday, the girls of their own accord gave her a party. Ray, very happy, sat at the head of the table. The girls sang songs to her and insisted that she make a speech. Ray stood up, and said: "Thank you, my friends. I don't know what else to say except to tell you what a nice party this is." This was undoubtedly the first birthday party Ray had ever had, and it was the first step in her being accepted by the group as a whole. From then on, Ray really became a part of the group.

On her own initiative, Ray started a library with the magazines and books that the girls and the worker had brought. She made a file and an index card for each book and magazine. She took great pride in the library. At one meeting Ray was absent and a new girl substituted. When Ray returned, one of the girls asked for a magazine. Both Ray and Josette, the new girl, walked over to get it.

Said Ray: "Who is librarian here?"

Said Josette: "I am."

Said Ray: "I thought I was."

"That's all right," said Josette. "You can be it."

"No," said Ray, "if you want to be librarian, I don't care. I'm the bookkeeper and that's enough for me."

She later explained to the worker that she understood what it meant for a new girl to have something to do. She, too, had felt shy and uncomfortable when she first came to the club, she said, and she could appreciate how Josette felt on joining. For that reason she was glad that Josette had taken on the job of librarian. Josette, who was infantile in appearance and manner, was never accepted by the girls, but during the two years the group met, Ray always displayed a protective attitude towards her.

We read in the record: "Ray graduated from school and a stenography course. She obtained a job in the fall of 1936 in an office."

The value of the group experience to Ray was manifold. She was a deprived and rejected child; the group accepted her. She was hostile and aggressive; in the group she was able to express these emotions without fear and without increased anxiety. She was unloved; the worker, and later the other members of the group, gave her adequate substitutes for the love that she lacked. She was insecure and frightened; the worker at first, and later the entire group, provided an environment and relationships that reassured her. Her friendship with two of the other girls gave her an opportunity to pass wholesomely through the homosexual phase in her development, and the group helped her to pass on to the heterosexual stage (through periodic parties with a boys' club). The group removed her, sporadically at least, from the social pathology in her home, giving her a glimpse of another way of living. Faith in herself was built up through her activities and through her social success as a member of a group. The worker saw to it that she never failed in her work or with the group. Although she was not creative with materials, Ray participated in the group life. She was bookkeeper and librarian, and took part in writing a play. This adjustment would have been possible in a small group only. The worker gave her security in contrast to the instability of her family. Such experiences as the birthday party given for her by the girls gave her the feeling of being wanted by the group. Her fear of people was gone, as was evidenced by her reaction at the "Y." There the group grew much larger as new girls were added and the group became a part of the whole organization. We see that she can face realities and even accept some leadership.

At regular intervals joint conferences are held between the case-worker and the group worker to discuss the clients that are carried coöperatively by the two departments.[1] These meetings are designated as "integration conferences." We take the following abstracts from one of these discussions, the case being that of James, who had been a member of a group one year:

> "Case-worker feels that James' development, in the light of his background, is startling. Two years ago, at the age of twelve, he was

[1] About 30 per cent of the cases received group treatment only.

brought to the agency by his mother, so cowed and frightened, withdrawn and introverted that, by contrast, the boy is a different child altogether. Even the receptionist at the office noticed the transformation. While in the past he would not even answer a greeting, now he smiles to people, says 'hello' to them, talks as he sits in the waiting room, is able to travel alone. This was not possible for him in the past.

"Even though he is not fully accepted by the group, the fact that the group did not reject James means a positive acceptance to this boy, because of the contrast to the treatment which he was receiving outside. Case-worker feels that the center of the boy's treatment was the group and not individual therapy. Because of his innate limitations, interviews with him were not effective. Case-worker, therefore, feels that James' case should be transferred entirely to the Group Therapy Department."

Values of Group Therapy.—Group therapy seems to be of help in the following situations:

1. For clients of specific individual characteristics, such as extreme hyperactivity or withdrawal, originative and imaginative children, children with rich phantasies, and the egoistic who cannot develop a transference for the worker.

2. For dull children who are unable to participate in interview therapy; also children so repressed as to be unable to communicate their problems and difficulties.

3. For definite individual-therapy needs that make group supplementation necessary; in our analyses we have found eleven such values of the group for the case-work process.

4. For five types of social maladjustment.

Group therapy is employed (1) as supplementary to case-work treatment; (2) as a tapering-off of individual treatment; (3) as a continuation of individual treatment for the purpose of socialization after the case is closed; and (4) as exclusive therapy.

Among clients unsuitable for our groups are (1) children who steal habitually outside of the home[1]; (2) boys who are active homosexuals; (3) neurotic delinquents; (4) certain types of oral aggressives; and (5) the compulsive homicidal.

Very little can be said in a brief paper such as this concerning the discharge of unconscious material by our clients in the type of group we have described. We have not dis-

[1] Most children who steal from their homes, and who seek to satisfy love and attention cravings through it, find in our groups these satisfactions and stop stealing. On the other hand, we have failed with nearly all children who steal outside the home if they seek punishment. Our groups cannot restrain, restrict, or punish.

cussed boys who make clay figurines and jab them with knives. We have not made a special point, for example, of younger boys who take dolls and hack them to pieces; or of the boy who played with clay and murmured under his breath: "Mummy, mummy, what would you like to have? Jewels, castles, pretty things—what would you like? I'll get them for you! I'll get anything you want for you! I'm the leader of a gang of robbers!" Thus the boy played out this phantasy in the group.

The use of material for sex phantasy is of extreme importance. We have also omitted the boy who made a coffin out of red plastacene and a mummy of green clay, with arms crossed on its breast. He placed the lid on the coffin and talked about his brother. His case history reveals the significance of this free association. The set-up of the home is one in which the brother is a preferred child. Nor have we quoted the instance of the child who drew a picture of a fat woman and said, "I don't like fat women. My mother is fat." We have not touched upon the number of children whose sex conflicts are so intense that they set things on fire. In the group, we provide materials to satisfy the fire-setting drives. We were able to discover many types of homicidal and suicidal personalities among our members by the kinds of activity in which they engaged in the group. We have also no opportunity here to describe inordinately repressed children, such as the extremely submissive boy who could not speak above a whisper because of his intense hidden aggression. In this particular case, the group, without the supplementary aid of the case-worker, was able to release the pent-up hostility. Then the case-worker was able to step in and by insight therapy redirect his energies.

Quite evidently, in a brief discussion such as this, it is not possible even to indicate, let alone describe, the many avenues of service to our clients that these groups offer, and less possible to point out the numerous lines for exploration, study, and analysis of this work and its usefulness, not only in therapy, but in education and group living generally.

THE EFFECTS OF INCARCERATION ON THE ADULT CRIMINAL AS OBSERVED IN A PSYCHIATRIC COURT CLINIC *

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THE general subject of the effects of incarceration on the criminal is a very interesting one, and one that is beginning to receive widespread attention. It means virtually that society, through the psychiatrists, is asking: "What do we do to the individuals whom we imprison?" That part of the process upon which I have been asked to report is the period during which the individual is under the observation of the psychiatric court clinic. The observations here presented were made in the Psychiatric Clinic of the Court of General Sessions in New York City, where, as many of you know, all prisoners are examined within the period between conviction (or plea) and sentence. The effects of incarceration in the cases that we observe involve the whole experience attendant upon arrest, the strain of trial or pleading, and the uncertain prospect of sentence.

As a matter of further orientation, I should like to mention that the clinic operates on full time, with a personnel of three psychiatrists and one psychologist. All prisoners convicted in General Sessions Court are examined, the total number of cases averaging about 2,600 a year. The clinic has four important functions:

1. To sift out the psychotic and mentally defective individuals. This is an extremely important function, since the law states that an insane or idiotic individual is not responsible for his acts.

2. To study all other individuals who come before the court in order to assist the court and the probation department in the disposition of the cases.

* Read at the Ninety-fifth Annual Meeting of the American Psychiatric Association, Chicago, May 8, 1939.

3. To maintain a follow-up adjustment service for certain probationers whose offenses have shown neurotic implications.

4. To make studies of certain major problems in criminological psychiatry.

Our studies have shown among other facts that only 1.5 per cent of the prisoners of this court are psychotic, only 2.4 per cent are mentally defective, and but 6.9 per cent are of psychopathic personality.[1] As a result of these studies, it is evident that our investigations must necessarily concern themselves for the most part with so-called normal individuals. We find that the dramatic quality of crimes committed by insane individuals has overemphasized in the mind of the public the importance of the rôle of insanity in crime.

A court clinic usually is granted but a short period for observation of the prisoner, but it possesses certain advantages. The period in which the prisoners are examined follows closely upon their apprehension, while all the details of their accustomed activities are still fresh in mind and while many of them are still in contact with their friends and relatives. Another favorable point is that the psychiatrist is not part of the daily environment of the prisoner. And, furthermore, the prisoner knows that the term of observation in the clinic is a transitory experience and that confidences which he may impart have less opportunity for producing unfortunate repercussions. Moreover, individuals still awaiting sentence do not present that coagulation into groups which one finds in an institution where the prisoners know that they are going to remain for some years. A further point of advantage is that the individual is not examined in a prison building, or in any unit where he is in more or less contact with a large number of his fellows, but when brought to the clinic, is interviewed individually and is surrounded by a medical environment. There is the usual waiting room with magazines and women clerks and secretaries and other accompaniments of normal extra-institutional life.

Positive Factors.—In order to present a comprehensive

[1] See "The Relation of Psychosis, Mental Defect, and Personality Types to Crime," by Walter Bromberg, M.D., and Charles B. Thompson, M.D. *Journal of Criminal Law and Criminology*, Vol. 28, pp. 70–89, May-June, 1937.

picture of the situation we observe, I shall begin by speaking of the positive factors. A number of people appear to be assisted by the experience of arrest. Those who pay no attention to the ordinary rights and privileges of others, and who become involved with the law through this form of carelessness, seem to require some experience to jolt them into a realization of the existence of other people. They tell us they have "learned a lesson" which they will never forget, and that they have been "cured" of a possible tendency to crime, and this often seems to be the case.

The department of correction has made very marked improvements of late years in the conditions of imprisonment and in the procedure involving young offenders, especially first offenders. The latter are now kept apart from the older and more seasoned men in a separate building. Magazines, books, and games are supplied for their diversion, and they spend much less of their time in their cells. Daily moving pictures are furnished; part of the afternoon is spent in the prison yard; carpentry and other forms of occupation are offered. This program will be developed much further in the new prison building, which, together with the court house, is under construction.

Probation is being used more and more widely with first offenders. The psychiatric clinic makes an effort to help the prisoner understand his crime and to suggest to him a more constructive program of activity. Some of the prisoners comment on the benefit that they have derived from this work. Dr. Bromberg and I have been carrying on a follow-up adjustment service for a selected series of probationers whose offenses have shown neurotic implications. The quarters of the new clinic, which will be conveniently located on the street floor of the court house, have been designed with a view to pleasant appearance and greatly increased facilities for clinical and psychological examination and work with probationers.

But among the prisoners who come under our observation, all these matters at present are far outweighed by the factors that I am about to take up.

General Conditions.—There is no question that the conditions of incarceration affect individuals in vastly different ways. There are certain general conditions pertaining to

incarceration, however, that affect adversely nearly all prisoners, apart from the small group I have mentioned as being apparently assisted by the experience.

In mentioning some of the facts that follow, I realize that I am not always original, since many of our forward-looking judges and attorneys as well as criminologists have written at length of the inconsistencies and shortcomings of our present legal procedure.[1] I wish to emphasize that the unfavorable conditions described in this paper do not owe their existence to the action of any individual or group of individuals, but are situations that have grown up over a period of years and that are the responsibility of many people who are involved jointly. The data that I shall report are a matter of daily observation, as we hear these conditions spoken of by the prisoners and as we see the effects of them on the prisoners.

The first point that I should like to bring out is that, beginning with the moment of apprehension, prisoners are ordinarily treated with contempt and harshness. Involuntarily we assume the attitude that those who are suspected of crime are necessarily guilty. Arrest always means actual violence to the individual's feelings and too often to his body as well, for far too many prisoners complain of having been given the "third degree." Prisoners are herded together with little regard for great differences of cultural background, refinement, or intelligence. Communication with relatives or friends is extremely limited. All are regarded as lawbreakers, people apart, as somehow a different species of being whose human wants and physical ills do not merit the consideration that those of other people receive. This in spite of the fact that many who are so treated may in due course be completely acquitted of all accusation. So when

[1] "Every day, in every part of this enlightened land, the obsolescent machinery of criminal justice creaks and groans as it takes young men into its maw, crushes every vestige of decent manhood out of them, and throws them back to fester in society." From an address—*A National Program to Develop Probation and Parole*—delivered by Joseph N. Ulman, Judge of the Supreme Bench, Baltimore, before the National Probation Association, Seattle, Washington, June 24, 1938. See also "The Criminal Law in Action," Chapter XI of *Crime and the Community* by Frank Tannenbaum. (Boston: Ginn and Company, 1938); and *Politics and Criminal Prosecution*, by Raymond Moley. (New York: Minton, Balch and Company, 1929.)

the prisoners first come to us, they already feel marked off, cowed or resentful, people without privileges. That this is not their usual reaction, but is definitely caused by the incarceration, is demonstrated by their markedly changed bearing when they reappear as probationers and are relatively free men again.

As another disadvantageous factor, we must take into account the fact that in the case of all but the young first offenders, the processes of detention enforce *inactivity* on all alike, the energetic as well as the sloths and dullards. The majority of the prisoners complain of the narrow confinement of the city prison; the cells are small and the prisoners are confined in them for about twenty-two hours of each day.[1] The more intelligent prisoners complain that, being cut off from their usual activity, they tend to spend much of their time in brooding. Many say that they feel constantly irritated—"on edge"— and on the lookout for a fight.

One of the points that have attracted the attention of writers is the *inconsistency and injustice of the processes of law*. The prisoners feel this deeply. They see important decisions with regard to men's lives being entrusted to unintelligent and uninterested juries who make no pretence of trying to understand the case.[2] They complain of this indifference of the jury.

[1] The details of this institutionalization are vividly described in *Youth in the Toils*, by Leonard V. Harrison and Pryor McNeil Grant. New York: The Macmillan Company, 1938. pp. 61–96.

[2] This situation is described in the following letter from a woman juror to the editor of the *New York Times*, published November 29, 1938:

"Although I never hesitated to exercise my right to vote and have never failed to vote since women have had that right, I did hesitate, for weeks after the privilege was ours, to register for jury duty. Somehow I felt that I did not want to judge lest I be judged. It was only after I learned more about the situation that I felt I could qualify. I have just finished serving on the jury, and it was a most interesting and enlightening experience, though far from elevating.

"While I entered upon my duties without any prejudices—jurors must admit they have none—I must admit that I came out with one against the jurors who say they have none and against the system by which jurors are chosen. My sympathy is with all litigants who go into court for justice. So much is left to chance as far as justice goes, when there is a trial by jury, that, besides a tremendous waste of time and money, it is like being in a game where the cards may be stacked. The very least a litigant should expect is that the jurors have normal intelligence. This could easily be determined by testing all applicants.

"I might say that people who are 'neutral' when they enter a jury room

The prisoner sees that the men of means who can afford able lawyers are often acquitted, while the poor, who can afford but mediocre or half-hearted attorneys, are convicted. An active lawyer can ask for various indulgences and privileges for his client, which the prisoner himself is not in a position to request. But engaging attorneys to defend one's case, and especially the conduct of an appeal, costs more than the average prisoner can afford. In addition, there are many individuals who, could they afford the small amount necessary for a bail bond, would be at liberty and free of all the discomforts of incarceration prior to trial.[1] In many cases this would seem to be an advantage to all concerned. Many crimes do not merit the month or two of incarceration that intervenes between arrest and the final receipt of a suspended sentence; yet the individual is held by, and at the expense of, the state, and his job may be lost and his family made destitute by the circumstance. In contrast with most of the young prisoners, the children of wealthy parents may have powerful lawyers acting in their behalf; pressure may be brought to bear to have bail arranged; the whole process is made much less rigorous. Not infrequently we hear from the prisoners the bitter comment: "Rich man's justice." In a word, the general effect of their institutionalization is to render most prisoners disillusioned, disappointed, and bitter wth regard to the processes of justice.

Specific Effects.—The foregoing conditions affect most of the prisoners, but I shall now refer to several different types of individual who react in special fashion.

should not serve on juries. Also, people with nasty dispositions should be excused, since they cannot see 'good or truth' in any one or anything; bullies should certainly be kept off a jury consisting of a docile foreman and a lot of grown-ups with the mentality of children. Mothers who have to neglect their children in order to do so should not serve. Women who worry about their dogs should not serve. And people who watch the clock constantly and are on edge lest they be late for a social function certainly should not be deciding the fate of others.

"I have prayed for many things in my lifetime, and now I've found something else to pray for—that I may never have to enter a court of justice either as a plaintiff or a defendant. If perchance I should, I would refuse a trial by jury. I would much prefer a verdict to come from the court.

"Ruth G. Fauer"

[1] See *Criminology*, by Fred E. Haynes. New York: McGraw-Hill Book Company, 1930. p. 111.

Between 40 per cent and 50 per cent[1] of all those one sees are *first offenders.* Of these a certain proportion were arrested for the so-called "accidental offense." Because of sudden financial straits or other unusual stress, they have in desperation concluded that fraud was their only means of obtaining money. Their offense is an exception to the usual tenor of their lives. These are the habitually law-abiding, the orderly citizens who naturally prefer respectability. They usually are never involved a second time. They are often above average in intelligence and may come from homes of refinement. Needless to say, these individuals are very much shocked by incarceration.

The men of this category perhaps give us the best picture of what is going on in the prison. They complain that the majority of the prisoners talk of nothing but their crimes.

The respectable women prisoners show perhaps still more keenly the shock to their sensibilities of being incarcerated for several weeks in the women's house of detention, where they see many drug addicts and even the most aggressive prostitutes. They report to us that they are constantly exposed to the most obscene conversations, such as they would never have known of except for the circumstances incidental to arrest. Such individuals may be under arrest for a relatively minor offense. Take, for example, a young woman who came to New York from Chicago. She was defrauded of her money one evening by chance acquaintances in a night club and the next day issued a fraudulent check for a small amount in order to obtain some clothes. Though she was of such experience and capacity that she shortly after obtained a job and offered to have her salary garnisheed, nevertheless the creditor insisted on prosecution. The girl was very deeply shocked by the obscenity that was rife in the house of detention.

We assume that the purpose of imprisonment is improvement, as indicated by our applying to it the word "correction," but we find that society, through its processes of detention, proceeds in a direction that is diametrically the opposite.

As another effect of incarceration in the strict confinement

[1] In 1938, 43.5 per cent.

of the city prison, we find that not a few men develop abnormal reactive states. The most common of these is characterized by an emotional and intellectual confusion, with ideas of reference; some of the cases have auditory hallucinations (Ganser type or prison psychosis), others do not. Deep depression with agitation is found occasionally. This arises as a response to arrest and conviction in first offenders of the generally law-abiding type; occasionally there is an attempt at suicide. We see a few mild depressions, especially in the old offenders who are about to receive a long sentence.

From 40 per cent to 50 per cent of those whom we see have been arrested on several previous occasions. In a previous paper [1] I have presented a study of these individuals in considerable detail. Some of them have been incarcerated a number of times and they evidence a set antisocial pattern. They apparently feel no interest in legitimate occupations and speak of them as matters as far removed from their own accustomed pursuits as events taking place in India. They look upon their own antisocial activities as a recognized means of livelihood. They appear to regard an occasional conviction as but one of the hazards of the game and take much as a matter of course the period between conviction and sentence. They are anxious to get away from the strict confinement of the city prison to the greater freedom and privileges of the state prisons. These men are irked if there is any delay in their sentence.

To not a few individuals the experience of incarceration seems to cause but little hardship. There are many to whom the enforced idleness entails no alteration of their usual habits, for they would do little else but sit about were they in their accustomed haunts. To others, the "bed and three squares" provided by the prison are much better than the conditions to which they have been accustomed. These individuals are little troubled by the experience of incarceration, and they find us placing the stamp of approval on idle habits.

Stimulation of Crime.—We note that many of the younger prisoners are very much pleased by the attention accorded them from the time of their arrest to the time of sentence.

[1] See "A Psychiatric Study of Recidivists," by Charles B. Thompson, M.D. *American Journal of Psychiatry*, Vol. 94, pp. 591–604, November, 1937.

The mechanism of this I have previously described in a lecture to the Probation Department of the Court of General Sessions in 1935.[1] When we arrest a certain type of immature and suggestible individual, he immediately feels that he is the subject of the attention of the police force, the prison keepers, the judges, the jury, the lawyers, and so on. No matter how inane, adynamic, and spiritless the individual, he can immediately gain the attention of many serious people by means of a crime. Furthermore, the conversation of the other prisoners, being mainly about their criminal activities, their convictions and sentences, further thrills and impresses the young offender. We find youngsters boasting that they had this or that sentence or that they are going to this or that prison. The whole court procedure seems to constitute for many of the young offenders an experience equivalent to a combination of entering college, making the varsity team, graduation, and joining a national fraternal order, all in one. Throwing them into a situation where the language code of the so-called "underworld" is current also seems to impart a feeling of sophistication and "deep experience." It is a familiar fact that the more attention a neurotic reaction is given, the more stimulus and momentum it acquires. In like manner, we increase the tendency to crime by investing it with entirely superimposed interests and gusto.

Thus, as our former studies have shown that there are many unreckoned factors in normal life which have a part in bringing about crime,[2] we find that there are also powerful disintegrative forces acting upon the individual during the period in which he is under the observation of the court clinic. To eliminate these factors, our combined action is required, and we should delay no longer in amending the conditions included in the experience of this period of observation.

[1] *Crime and the Community*, an unpublished lecture delivered April 25, 1935, in the series Institutes in Probation.

[2] See Note 1, p. 57.

SOCIAL FACTORS IN DELINQUENCY

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A CRIME is an act, a neglect, or a default that contravenes some legal prohibition or direction. A criminal act is one that, if successfully prosecuted, will involve some sort of punishment for the person who commits it. A criminal act may be one of commission. The law forbids us to steal; it sets up several categories of theft, and fixes different punishments for each type. A criminal act may also be one of omission. Failure to file an income-tax return has been made a criminal offense, and the law sets up penalties for this omission. Punishment for crime may consist of imprisonment, a money fine, loss of public office; in the case of felony, deprivation of citizenship. In some cases the court undertakes to suspend the imposition of the penalty and places the offender on probation for a fixed period, in order that he may be given a chance at rehabilitation.

There is no uniformity of law in the United States as to what constitutes crime, nor is there any universal system of penalties. In some states willful murder is punishable by death; in others, the state punishes murder with life imprisonment. In New Jersey, attempted suicide is a crime; across the Hudson River, in New York, the state treats a suicidal attempt as mental illness, and undertakes to give psychiatric care to the individual who tries to take his life. Furthermore, there are a number of crimes on the statute books that are rarely prosecuted. Prosecutions for adultery in the state of New York are so infrequent as to make the law against adultery a dead letter. Crime is not altogether a matter of moral turpitude. There is a world of difference between the highwayman and the man who deliberately violates an injunction for the sake of his conscience. Yet, in the eyes of the law, both men are equally criminal.

II

We suffer from a great many misconceptions regarding criminals. We have been told that there is an army of criminals who are constantly preoccupied with crime and the possibilities of crime. These men are supposed to spend all of their time in search of their prey. At one time we were told that the criminal was recognizable at sight. Lombroso set up a criminal portrait gallery. Large ears were supposed to be one of the signs of criminality, and no doubt an occasional unfortunate youth spent sleepless nights worrying lest he be locked up as a potential housebreaker. Unfortunately for Lombroso's theories, too many statesmen looked like porch climbers. Within the last year, Professor Hooton, of the Department of Anthropology at Harvard, has written a book attempting to revive Lombroso's theories,[1] with what success it remains to be seen.

What is a criminal? A scientific study of the prison population leads us to ask if there are such persons as criminals. There are persons who commit crimes. But so do all of us. Who can say that he has never passed a red light, or has never walked on a lawn in the park, despite the fact that warnings against these things were evident? Yet the law says that such acts are criminal, and it could send us to jail for any of them.

When does a person become a criminal? We talk, for instance, of first offenders. What we really mean is that the first offender is an individual who has been apprehended for the first time on a criminal charge. By a criminal we usually mean an individual whose behavior is consistently and perhaps incorrigibly antisocial. Individuals of this type are in a class apart and require special consideration. There are fewer of them than is generally supposed. We are concerned here primarily with individuals who commit crime.

A favorite way of terrifying the people about the activities of criminals is to produce an array of formidable statistics. Most of these statistics have to do with the extent of crime and its cost. Just how these figures are developed is a matter of some interest. The basis of the calculations is the number

[1] *Crime and the Man*, by E. A. Hooton. Cambridge: Harvard University Press, 1939.

of crimes reported to the police; the cost of crime is in large part the owner's exaggerated estimate of the value of the lost property. Many crimes are not reported to the police. Very seldom has a victim of blackmail the courage to bring his troubles to the authorities. The reluctance of victims of extortion to come forward has been amply demonstrated. The investigators at the Brookings Institution believe that it is impossible to get a complete picture of the extent of crime and its costs. It is certain that there is too much crime in the United States, and that its cost is unbelievably high. Over and above the pecuniary cost of crime, the nation must pay for the loss of service to the community of those who, by the judgment of the courts, are separated from the common life of the people. It must pay also for the services of all persons engaged in the prevention, detection, and suppression of crime.

III

The notion that the criminal is a species apart, as if he were a mad dog to be shot at sight, is much encouraged by what Commissioner Austin MacCormick, of the Department of Correction of the City of New York, has occasionally called the machine-gun penologists. How many youthful offenders should be regarded as wild animals, to be exterminated as promptly as possible? In large part they are slightly retarded boys whose average age is somewhere in the neighborhood of nineteen years. They are a collection of social misfits. Social and economic conditions contribute to their maladjustment. They are pathetic because the greater part of them, with something approaching adequate care, could have had their energies directed into useful channels.

An examination of the careers of eight offenders, all accused of serious crime, will serve to show that all delinquents are not hopeless, irreclaimable human waste. These offenders were chosen for presentation from a large number of delinquents who were seen in the North Annex of the Tombs Prison in New York, where the department of correction segregates persons between sixteen and twenty-one years of age who are awaiting trial and who have had no previous convictions.

Case No. 1.—Tom Bottomley[1] was first seen in the North Annex several months ago while he was awaiting sentence after pleading guilty to a charge of burglary. With two other lads, he stole a sum of about $50 from a candy store. Tom was hoisted through a transom over the entrance door of the store and took the money from a cigar box where the owner had hidden it. One of the co-defendants is Tom's own age, sixteen; the other, under sixteen, was dealt with in the children's court. Delinquency was no new thing for any of these three. They were *Dead End* kids. They came from a slum just east of the Hudson River and just north of the Cathedral of St. John the Divine and Columbia University.

Tom was an unwanted youngster. His father had not spoken to him for three years prior to his offense. Instead of trying to understand the son, the father mistook exuberance for depravity and treated the boy accordingly. The best Tom can feel for his father is indifference; the parent has lost the boy's respect and affection. He feels that his father is not interested in him and would like to be rid of him.

The court placed Tom on probation. Tom feels unwanted save in a neighborhood group of youngsters of his own sort. He once belonged to a young people's group in his parish church, but he feels that this group wants no part in him. His ambitions, as he states them, are simple enough; he wants to save and to get a grocery store of his own. Work has to be found for this boy. This will prove difficult because of Tom's defeatist attitude. He feels that his criminal experience will prove an almost insurmountable obstacle to his obtaining employment.

Case No. 2.—Angelo Puccini is still awaiting the disposition of several serious charges against him, arising out of the theft of an automobile. He is twenty and married. His parents, respectable middle-class Italians of some slight means, were able to send Angelo through a good preparatory school and he had hoped to enter college. It may well be that his failure to enter college was a contributing factor in the maladjustment, frustration, and defeat evidenced by the crime he committed. He is an unusual person in a penal institution marked by intellectual, social, and economic limitation. In our interviews with him, Angelo wanted to talk about psychology, art, music, and religion. He was cowed, dejected, defeated. Occasionally he made a brave attempt at artificial mirth, but the effort was of very brief duration. He talked wildly about adopting a career of crime as revenge for what society had done to him in casting him into prison. There is no doubt that this offender is seriously upset emotionally. His emotional development has failed to keep pace with his intellectual development. He wrote long, rambling letters to friends and relatives. They indicate that Angelo will become a serious problem.

Case No. 3.—Nineteen-year-old Jack Thompson was a good boy. When Jack got into trouble, as the neighborhood describes arrest and imprisonment, the neighbors wrote letters to the judge telling what a good boy he was. They stated truthfully that he was a good son and had taken the place of a father to his younger sisters.

Jack is an Irish-American. His father died when Jack was a young boy. He was reared in a slum, and after finishing parochial school,

[1] This and the other names in these case histories are fictitious.

he was fortunate enough to be able to finish high school. He wanted to be an engineer, but there was no opportunity for him to obtain further education. High school was just a place where he could mark time, for there were no jobs for youngsters during the depression. With another lad of his own age, he robbed a homosexual of a wrist watch and some money. In the slum from which Jack came, homosexuals were fair game. They made indecent advances to neighborhood youngsters, and the neighborhood retaliated by robbing and beating them.

When Jack was first seen in the Tombs, he was sullen and defiant. When he was placed on probation, he was sent to a psychiatric clinic in the hope that some of his problems could be dealt with. He came—once. The whole summer passed, and we saw no further trace of him. When first we talked with him, it was suggested that something could be done to further his ambition to become an engineer. In the early fall, he returned, asking whether we meant business in saying that we would help him with his academic ambitions. When he found that help was forthcoming, Jack decided to coöperate. A probation officer secured work for him in the National Youth Administration, and some months later a more satisfactory position was obtained. He was sent to an evening high school to prepare for entrance to a school of technology. Jack is making good progress in his studies, and he has made use of his undoubted mathematical excellence by tutoring another young man who wishes to enter college. He has assumed many responsibilities at home, and his younger siblings look upon him as head of the household.

Case No. 4.—Leo Koslowski is of Polish extraction. He is eighteen years old and comes from what the probation officer who investigated his case called a "God-awful slum." Leo is an exuberant youngster, and was always in mischief. He committed a serious crime. With another youngster, he attempted the armed robbery of a liquor store. There was absolutely no doubt of his guilt. Leo committed his crime to be a neighborhood "big shot." He came from an underprivileged district where crime was a matter of daily occurrence. He was one of eight children whose upbringing was left mostly to chance. He was seen on several occasions in the North Annex, and he always had a cheerful "wisecrack" to trade. He expected a prison term and was quite philosophical about it. He had a history which included truancy and juvenile delinquency. His crimes were chiefly those of mischief. The juvenile institution in which he spent some time described him as a friendly soul with an infinite capacity for mischief. During his stay in the Tombs, he was active in the limited educational and social opportunities that Commissioner MacCormick has been able to procure for the youthful criminals segregated in the North Annex. He was always able to run an errand or cheer up a youngster who was depressed by his prison experience. The keepers all thought well of him. But Leo had committed a serious crime, he had a bad record, and society demanded his punishment. He was sent to state prison for from seven and a half to fifteen years.

Case No. 5.—Edward Turner presents a somewhat different picture. He is twenty, colored, and a college student. His father enjoys a certain prominence in Negro society as an officer of a welfare organization. He achieved success in his community and told us that he was training his

son to follow in his footsteps. Edward has other ideas. He thinks of himself as being able to make a place for himself on the stage and fancies himself another Paul Robeson. Edward walked into a department store and took a copy of John Cowper Powys' *Enjoyment of Literature* without paying for it. He was caught and jailed. The court placed him on probation. During his period of detention, Edward talked rather freely of some of his problems. He never was able to give anything like a reasoned account of his crime. There was no previous history of kleptomania; the theft was not of an article for which he had need or which could profitably be sold to a "fence."

This offender regarded himself as a Communist and had for quite some time been associating with Communist youth groups. Apart from Edward's acceptance of the Communist philosophy, there is the important fact that this boy found acceptance of himself as a Negro in Communist society. He felt quite definitely that in the Communist world there was complete acceptance of himself as a human being. Edward is an exceedingly sensitive individual, and he resented bitterly the current anti-Negro prejudices, which he felt were bars to his achievement of a place for himself. He resented his father's willingness to accept the limited, circumscribed rôle of a Negro social worker. For himself he demanded much more and hoped to get it through participation in the Communist program.

There was also some evidence of psychosexual maladjustment. The offender had indulged in some adolescent homosexual experimentation, but claimed to have outgrown this. His attitude toward his offense and his imprisonment is one of mixed resentment and bewilderment. His father, in training the son to follow his own course, had given him the supervision of some youthful colored delinquents. What was Edward to think now that he himself was a delinquent? Possibly he was more perturbed by the stigma than by the fact of delinquency.

Case No. 6.—James Matthews is a Southern poor white of twenty years. He comes from Alabama. His schooling was terminated in the sixth grade, and Jim is able to read and write with difficulty. His employment history is negative. The only position he ever held that lasted more than a month was in a textile mill, where he managed to stay for a year. He spent two years in a boys' reformatory in a backward Southern state for truancy and theft. This reform-school experience he regards as a step in his criminal education. The guards and officials of the institution were to him a symbol of legalized sadism.

Jim drifted to New York because he had heard it was possible to "get by" with a minimum of effort. He found his way to the Times Square district, and fell among young men of his own sort who eke out some sort of existence through male prostitution and other illegal activity. He is physically attractive and made a living for a time from homosexual men who frequent that district in search of desirable youthful companionship. From prostitution he drifted to other petty crime. On one occasion he was picked up by the police for disorderly conduct with a homosexual in a public place, and the magistrate placed him on probation. He stole a car, with some vague idea of returning to the South; but this plan he was unable to put into execution because he was apprehended by the police almost immediately after the theft of the car. He was sentenced to the New Hampton Reformatory.

Jim is neither psychotic nor defective. He is of dull-normal intelligence, and his is a story of limitation—economic, social, psychological—going back to his early childhood. He has been constantly a bird of passage, never staying long enough in any one place to take root. The psychiatrist in the court clinic seemed to think that he was in serious trouble with himself because of his fairly deep-seated guilt feelings about his homosexual relations with his patrons. He is not vicious; he is a weakling who has consistently led what the Probation Department of the Court of General Sessions so well terms "a disorderly, aimless existence."

Punishment as punishment will give him no insight into his situation. It will neither resolve his conflicts, give him vocational training, nor help him to find or to keep work.

Case No. 7.—Another nomad is Paul Ladislek, nineteen, of Czechoslovakian origin, who claimed to come from Florida. Letters to the address Paul gave for his people were returned. It was discovered later that he was born in Jersey City and had spent his childhood and adolescence all over the country. He claims to have attended public and Catholic grade and high schools from Albany to St. Petersburg, Florida. He was a nomad, wise in the ways of the road, working when he could as a motor-truck driver. Driving a truck represented adventure and fitted in with his pattern of existence.

He and another boy were employed to drive a truckload of potatoes from Virginia to New York and to bring back a check for the proceeds. He claims that he was miserably underpaid. His co-driver left him in Newark to see his girl or a movie. Paul came on to New York, disposed of the potatoes, and spent the proceeds in riotous living.

Paul adjusted too well to prison. In the Tombs he was a "trusty," librarian and general factotum. He ran errands for the keepers and was never too busy to do a favor for another inmate. He helped cheer up newcomers to whom a first experience of prison was terrifying, but who at the same time were anxious to appear as hardened citizens too worldly-wise to blubber at the first sign of sympathy. Paul was errand boy, father confessor, and court buffoon to his fellow prisoners.

Unfortunately Paul was not frank with the probation authorities and the investigation showed him to be a poor probation risk. The court sent him to the New York City Reformatory, where he is making the same good adjustment he made at the Tombs. He is popular both with officers and inmates; he does his work well; and he will be at liberty on parole in a comparatively short time. Then his problem begins. Paul adjusted in the protected environment of the prison; he has never adjusted in the outside world. Why? Will the experience of institutional treatment prepare him for living on parole? And will parole prepare him for unsupervised life in the community?

Case No. 8.—Andy O'Keefe wanted to cry when he was brought into the North Annex. He didn't, because he was a tough guy. With two other boys he was charged with breaking into a cellar with intent to rob. The boys had a somewhat different story. They admitted the legal crime of unlawfully entering the premises, but claimed that their purpose was not robbery. One of the boys had had an argument at home and had been thrown out. They were looking for a convenient

cellar in which their friend might sleep for a night until things could be patched up at home. Unemployment is a fairly frequent reason for youngsters being cast out of underprivileged homes. There are too many mouths to feed, and parents are unwilling to believe that an able-bodied adolescent cannot find work. The other two boys were in somewhat better shape than Andy; they had never been "in trouble" with the law before.

Andy is seventeen, an Irish Catholic, blond and pimply. He had a "record." He had served time in a boys' reformatory and expected the worst. He was indignant to think that the police were so stupid as to lock the boys up for what they felt was a "bum rap." There was simply nothing worth stealing in the cellar into which they had broken. Andy was definitely in a bad way. His previous criminal record was going to count against him. Within two days of his arrival at the prison he was made to feel that. His record caught up with him and he was separated from his friends and lodged in the South Annex where recidivist boys are kept.

Andy had tried hard to go straight. He would go along fairly well for a time, when, as he put it, "Bing! Something happens!" If left to himself, he would probably eke out some sort of an honest marginal existence. Andy is not very bright and is easily influenced by stronger-willed companions. He came into the Tombs showing the marks of what he claimed was a police beating to induce a confession. He was confused, bewildered, and distrustful of any offers of aid. He finally agreed to seek peace of mind through the confessional, and the Catholic chaplain of the Tombs made a special trip to the prison to dispense the sacrament of penance.

Andy is a weak person, the ready tool of older and more experienced criminals. Yet he is not inherently vicious. If he is reached in time, he may be salvaged. Otherwise he will continue in petty crime. He is too dull to amount to anything in the criminal world.

Each of these boys presents a serious social problem. Each of them, as do all offenders, requires careful study and treatment. What were the factors in the criminal episodes that brought these youthful offenders before the courts? Can we say that there is a set of circumstances out of which crime will inevitably flow?

IV

A crime represents a link in a chain of circumstances which may have its beginning long before the offender is born. We can observe many common factors in the case histories of these offenders, and we can set down these factors in an attempt to study the causes and conditions of crime. When we see a common factor appearing again and again in the case studies of offenders, we may assume that it is a part of the natural history of the criminal.

What are some of these common factors? What features are fairly constant in the composite portrait of the offender? First, where do the offenders come from? The following analysis of the nativity and parentage of 500 consecutive admissions to the Penitentiary of the City of New York, has been made by Martin G. Staiman, Director of Classification at the penitentiary:

Nativity and Parentage of 500 Admissions to the Penitentiary of the City of New York, 1937.

	Number	Per cent
Native whites of native parents*	101	20.2
Native whites of foreign parents	129	25.8
Native whites of mixed parents	19	3.8
Native Negroes of native parents†	156	31.2
Native Negroes of mixed parents	7	1.4
Total native	412	82.4
Foreign white of foreign parents	70	14.0
Foreign Negroes	12	2.4
Others (yellow race)	6	1.2
Total foreign	88	17.6
Grand total	500	100.0

* Includes 20 Porto Ricans and 2 Filipinos.
† Includes 6 Porto Ricans.

Contrary to the impression of many persons, the foreign born do not represent the major source material for our prison population. A much more serious problem is the native-born child of foreign parentage. The conflict between such children and their parents, with their Old-World behavior patterns, speaking a language other than that of their American-born children, creates a problem which many children try to solve by deserting the home and finding social life elsewhere. With the home and parental authority thus weakened, it is natural that social maladjustment should follow. A criminal career is only one manifestation of this maladjustment.

V

Along with the problem of racial origins, it is necessary to consider social and economic problems. No one is surprised to find that the bulk of offenders come from delinquency areas. Perhaps this term requires a word of explanation. A delin-

quency area is a district of the city from which comes an undue proportion of crimes and in which reside an undue number of persons charged with crime. These areas can be identified by street noises, street smells, and street language. These features, plus overcrowding, are almost infallible signs of a delinquency area. The colored section of New York called Harlem is an excellent illustration. With wretched housing, with unemployment rife, and with economic and social insecurity the normal accompaniments of life, it is small wonder that so many of its inhabitants come into almost continuous conflict with the law.

What sort of persons come from these homes to penal institutions? With the exception of the Negroes, they are for the most part immigrants or the children of immigrants. They are almost invariably of recent immigrant stock. They come from homes that were broken through the loss of one or both parents in early childhood. Many of them were reared in institutions. Their formal schooling was meager, with few exceptions not extending beyond the eighth grade. They have no regular trades, but work at indifferent jobs for short periods at low wages. There is no regularity in their industrial history. They make little constructive use of their abundance of leisure time. The cheap movie, the pool room, the street-corner gang, and the fringes of the underworld constitute the offenders' social life.

VI

What about the sex offender? The Committee for the Study of Sex Variants has for some years been engaged in a study of homosexuals among the professional and leisure classes. In the course of this study, it was soon discovered that many men and women in comfortable circumstances had some acquaintance with underprivileged sex offenders. It was, therefore, found necessary to include the sex offender in the study. As a consequence, the committee has for two years been obtaining information and conducting therapeutic research among this group. A detailed report of the committee is about to be published.[1]

[1] *Sex Variants—A Study of Homosexual Patterns.* By George W. Henry, M.D. Sponsored by the Committee for the Study of Sex Variants. New York: Paul B. Hoeber. To be published.

Immediately after a series of sex crimes, Mayor La Guardia ordered that all sex criminals in the custody of the department of correction be examined at the psychiatric clinic of Bellevue Hospital upon the expiration of their sentences. With a few exceptions, the group was found to be neither psychotic nor feebleminded. There seems little doubt, however, that most of these men do possess what is called a psychopathic personality, and detailed case studies reveal that they suffer distortions in other departments of life than sex.

How shall society deal with these people? At present we can do nothing until the offender is detected in crime or breaks down to such an extent that some one refers him for psychiatric care. Perhaps the sex offender requires a new sort of protective custody, in which occupational therapy would play an increasingly important part in reëstablishing a normal outlook on life.

The sex offender is a thorn in the flesh of prosecutors, judges, and prison officials. He is not a criminal in the more conventional sense, and his delinquency becomes the more troublesome because of its far-reaching consequences. Every time there is a report in the public press of a sex crime, the community is inclined to respond in terms of panic. Some talk learnedly of an epidemic of sex crimes, although reliable statistics fail to show any great excess of this type of outburst over what can normally be expected.

The sex offender is a defeated, frustrated individual. A man who commits a sexual crime against a child may be trying to gratify his desire for paternity. The victim may be at once the child and the sex object of the offender. It is difficult to say at present what psychiatric or social control can be exercised over such a man. The most that can be expected of imprisonment is the protection of society for a time against a new offense, at least for the period of the offender's incarceration. Prison is likely to increase the emotional tension of the individual. Moreover, it may make him an enemy of society.

There is no sovereign remedy for the treatment of sex offenders. We cannot treat offenses; we can and occasionally do help an individual whose personality problem is expressed in sex offenses. Each case must be studied as a problem quite

separate and distinct from every other case. There may be correspondence in detail in the life histories of sex offenders. Yet each personality is unique and each individual presents his own problems. The mass treatment of sex offenders has on the whole proven meaningless. Our legalistic method of dealing with crime concerns itself with isolated criminal episodes, as if by sentencing a crime to a term in prison we could cure the criminal. A more adequate concept regards the criminal event as episodic and as a symptom of personality disorder. A sex crime, or any other crime, is no more an end in itself than is a toothache. The toothache is a signal of somatic disorder; a crime is an indication of personality disorder. Mass treatment will cure neither.

VII

There are many ways of looking at crime and criminals. There is the attitude of the police and that of the public prosecutor; there is the attitude of the social worker; there is the attitude of the scientific criminologist; there is the attitude of the psychiatrist; there is the attitude of the prison official; there is the attitude of the reformer; and there is finally the attitude of what we call the public. Of these attitudes the last is probably the most realistic. Crime may be studied scientifically; but much more is involved than the recording of phenomena. There may be, there probably are, prototypes of *Craig Kennedy* in real life. Unfortunately crime is not an abstraction; it is very real. Because crimes are committed by human beings, allowances must constantly be made in the study of crime and criminals for the elusive human equation. To attempt, therefore, to list the causes of crime is scarcely possible; it is possible, however, to set up certain sets of circumstances out of which crime might be expected to flow as a natural, normal, and inevitable consequence.

When we study the history of a crime and of the individual who commits it, we should study:

1. The offender himself—the human personality and its problems.
2. The offender's immediate background and its surroundings.

3. The social and economic order of which the offender is part.
4. The interplay of these forces.

It is possible to discuss these factors seriatim. It is possible, perhaps, to trace with some hope of accuracy certain major trends which will be shown to dominate the pattern of an offender's existence, but in no case can we be sure we have the complete story. Much has been said of the influence of slums in the breeding of criminals. On the other hand, the slum, besides being a breeding place of criminals, has produced citizens of unusual worth to the community. We speak of rachitic, deformed, stunted criminals, and we see a root of crime in their physical limitations. But what, for example, of Steinmetz? This is the dilemma which faces those who would arbitrarily say, as so many do, that the causation of crime is to be seen in social and economic underprivilege, or in physical inadequacy. Such answers are all too simple.

VIII

In any batch of incoming prisoners at Riker's Island Penitentiary are stunted, anæmic, undernourished human beings. There is a line of progression, according to Commissioner MacCormick, from rickets to rackets. The penitentiary must have a large hospital, fully staffed, for the treatment of criminal humanity suffering from all sorts and conditions of physical deterioration — hernias, gastric disturbances, defective sight and hearing, bad teeth—almost every conceivable human defect. One clinic keeps a large staff busy with the treatment of prisoners with venereal disease. Other departments are occupied with the treatment of alcoholics and drug addicts. Of the connection between crime and physical inadequacy there can be no doubt.

What of mental health? All crime is a manifestation of maladjustment. An offender is one who cannot keep step with the community. It is more or less a commonplace that the penitentiary is a further step in the direction of maladjustment. The problem child goes first to the truant school. From there he may pass to the reformatory, and too often he ends in the penitentiary or the state prison. Readers of detective stories may recall that the underworld refers to

state prison as "college," apparently with some reason. A complete study of the seasoned offender will show a long train of deviations from the normal personality.

Then there is the hardened old-timer to whom prison is an inevitable part of life. He need not necessarily be old in years. He may have done several "bits" by the time he is twenty. Dr. Plant, the head of the psychiatric service of the Essex County Juvenile Court, tells of the comparative ease with which he can deal with the delinquent at the point of his first conflict with the law. After that, as the offender becomes acclimated to the criminal process, the situation is entirely different. The onset of criminal sclerosis may begin at an early stage in the life history of the offender. The hardening process is reinforced through association. The influence of pickpockets, cutthroats, and drug addicts on an impressionable youth is something that needs no elaboration.

IX

Every offender comes from some kind of home. And every offender has or has had some kind of father and mother. The Probation Bureau of the New York Court of General Sessions, regarded by many as the best probation bureau in the country, devotes a large section of its personality studies of offenders to estimating the influence of the home and the immediate environment on the personality.

The play called *Dead End* might well have a subtitle—*Manufactory of Criminals.* In it is well portrayed the environment out of which the potential criminal comes. Out of two hundred youthful delinquents whom we saw in the Tombs between August and November, 1939, two, or precisely 1 per cent, came from homes that could be called comfortable. On the card upon which we recorded statistical data concerning the youthful delinquents there was a place for a note on housing. Almost automatically we recorded "tenement housing" in that space. The tenements connote poverty, filth, crime, malnutrition. They are anything but homes. A youngster cannot bring his friends into one of these tenement apartments; there simply is no room in them for children to play. In the Porto Rican section of Manhattan, one of the worst delinquency areas, it is customary for families to rent

bed space to boarders in two shifts. Beds have day sleepers and night sleepers. They also have tiny inhabitants who pay no rent, and whom the sleepers have presumably accustomed themselves to ignore. Home Relief investigators say they sometimes have difficulty in calculating the number of people who sleep in a bed. Privacy—a room of one's own—is something of which the slum dweller may have heard, but he would not quite know what to do with it. Crowded areas are crime areas.

What of the home itself? Studies of offenders stress the frequency of the factor of the home broken by divorce, death, or desertion. One parent dies or deserts (the poor man's divorce), and the survivor is left to father or mother the brood. Sometimes a step-parent is introduced to complicate matters. Some offenders come from homes that should have been broken. The effect on a child of a pair of drunken, quarrelsome parents requires little imagination to visualize.

Poverty does things to the home. Imagine the amount of guidance a widow who is obliged to work all day can give her child! In the Porto Rican section, children play in the streets all day, each child with the key to the family domicile tied with a string around its neck. The mothers are out working. Imagine how successful Old-World parents are apt to be with children who gain their impressions of America at school, on the street corner, and in the movies! Imagine the homes in which parental attention is manifested in beatings! Or, worse than that, imagine the homes in which the parents simply make no effort to discipline their offspring! From such homes come the citizens of the kingdom of crime.

The street is the natural playground of the urban poor. Commissioner Moses is doing his best to find adequate play space for underprivileged boys and girls, but even New York's resourceful park commissioner cannot take a very appreciable percentage of the slum children from the streets. Streets are at once playing fields and schools for crime. A mean street will disclose a dice game, some petty card playing, petty theft, and occasionally the child sees there the solicitation of the prostitute. On the street the youngster hears of boys who have made good at the racket. On the street he learns of the vicious partnership between vice and criminality

and the crooked politician. On the street he finds facts to bolster his cynical conviction that the police and the courts are venal. On the street he is informed that every man has his price. On the street he learns to laugh at the slogan that crime does not pay, for he observes the automobiles, the jewelry, and the women of successful racketeers. A good home is often defeated by a bad street. A youngster may come from a splendid family set-up, but that may be almost wholly defeated as he begins to compare the poverty of his law-abiding relatives with the worldly means of his more fortunate underworld acquaintances. In the slums you cannot help knowing underworld characters; you rub shoulders with them almost every day. For many a boy, the street as an educational institution evokes far more response than the school.

X

Hitherto the school has been as the bed of Procrustes. If the child fitted, it was well; otherwise . . . The child was made for the curriculum, not the curriculum for the child. We are recovering from some of our more rigid attitudes about school. School has, however, made little impression on the delinquent population. School is something to be endured, and something from which to escape as soon as the law permits. It is no accident that the percentage of college-bred criminals is negligible. The average offender reaches the eighth grade only after much travail of soul. It is a common criticism that the grade and the high-school curricula are devised only for those who plan to proceed to college. Not enough educational planning has been undertaken for those children whose career lies elsewhere than in the professions.

Nor is that quite all. Too many schools are shut tight as the last class is dismissed. There is a growing tendency to use the school buildings as centers for adult education, for recreation activities, for community meetings, for athletics, and so on. There are those who may object to this. It costs too much, for one thing, and the young are notoriously destructive. It costs money for teachers, lecturers, athletic coaches, recreation workers, janitors, and a policeman or two

to keep the building from being torn apart. But the costs of these things are less than the costs of our crime bill.

The pacifists have a habit of showing what the cost of a battleship would mean if invested in health, education, or any of the social services. Imagine what we could do if we were able to invest the national crime bill in health or education! More intelligent use of the school plant means fewer criminals; fewer criminals mean fewer prisons. The community has large sums invested in prison plant and equipment. It is getting scant returns on its investment.

XI

Home, street, and school are parts of the economic and social order. The roots of crime are grounded in the social order; and, up to yesterday, the social order has been impervious to its casualties in the form of the criminal and the dependent. There is much in the radical's indictment of the economic set-up as a factor in too much of our criminality. For that, too, there is adequate scriptural warrant. We are told that the love of money is the root of all evil. Recurring unemployment crises yield their crops of individuals who take to crime because of their inability to earn a livelihood.

What is the result? Just now there is a certain defeatism prevalent among the young. They see no opportunities ahead of them for the exercise of their talents. They wonder if anything can be done to relieve the lot of those who toil in the heat of the day, or of those who have come to feel that they will never work again. They accept the dictum that the poor we have with us always, and look upon those who would wipe out poverty as fools or tools of some mysterious deceivers. They are told that crime does not pay, but some question very seriously whether virtue pays any dividends. Of these youngsters, the weaker gravitate to crime.

In our society, we have only faint glimpses of social-mindedness. Rugged individualism has translated itself into a philosophy of "dog eat dog." In a society that accepts corruption as inevitable, sharp business practice as honorable, men sitting in high places doing business with rogues to carry out their more unsavory purposes, how can we escape reaping the whirlwind of crime? In such a juxtaposition of moral

values, one cannot wonder at a racketeer's definition of a criminal as one who is too stupid to have "connections."

Nor is government itself without sin. The suspicion of corruption on the part of the police and the political authorities generally is not altogether without foundation. Conservative students, from Lord Bryce to the authors of the Wickersham reports, give highly circumstantial reports of the lawlessness of those in whose hands is placed the responsibility for the administration of criminal justice. Is it any wonder that criminals scoff at the law-abiding when they see those with "connections" successful in lawlessness?

XII

In no single factor can it be said that we have isolated the cause of crime. Poverty and lack of the elementary decencies do not necessarily of themselves make criminals. A man may be cynical of or deeply stirred by the social and economic plight of himself and his neighbors and still not take to crime (save in so far as he might be moved to commit some political offense). Nor does every man in poor physical or mental health commit crime. The slums do not *cause* crime; but the slum, in connection with half a dozen of the other factors, may fairly be said to be one of the roots of crime. There is an interplay of forces in the individual, in his immediate surroundings, and in the social and economic order of which he is part.

We are entitled to hope that we may to some extent control crime. Psychiatrists speak constantly of manipulating the environment of a maladjusted individual in order to gain for him a maximum of security. The offender is a maladjusted individual. As we improve the social order, to that extent we lessen the urge to antisocial expression. The more we understand about human behavior, the better we can control crime. Crime is not some dark, mysterious potion brewed in a witch's cauldron. It is a phase of human behavior —an abnormal phase, to be sure, but a phase none the less. As we improve the chances for leading what is nowadays contemptuously called "the more abundant life," we are closing avenues to crime.

XIII

What can we do about these problems? For one thing, we can begin with the home. We can start educating parents. Adequate parents do not, as a rule, breed delinquent children.

We can work for a social order in which human beings will regard their houses as homes, and not as places in which to sleep. We can try to do things about the health of parents. A physically or mentally ill parent is not an exhilarating companion for a growing child; the child is prone to look elsewhere for his friends. We need parent guidance as much as child guidance. A thousand books on child psychology will not compensate for the natural affection of a parent.

We can try to abolish slums. We can work for a more adequate social order in which human beings will not be required to live in places that are manifestly unfit for human habitation. We can strengthen the social and economic security of the home, so that the father may exercise his right to work, and the mother may busy herself about the household without being haunted by the specter of the breadwinner's unemployment or impeding unemployment.

The newer attitudes in education may contribute much to reducing delinquency. Studies of children's aptitudes and interests will help to orient them educationally. We are steadily broadening the base of our educational facilities, and we are finding a genuine place for valid vocational education. We reduce the percentage of delinquent occupational misfits to just the extent that we are able to procure a workable occupational adjustment.

Crime is rooted in our political, social, and economic life. It cannot be eliminated through the application of sociological panaceas or blue prints of a redeemed society. Neither Marx nor Freud can abolish poverty, sickness, and crime. Crime can be lessened through lessening the tremendous gulf between the possessing and those who believe themselves dispossessed and disinherited—of money, of power, of breeding, of opportunity. The less the tension between classes, the less the incentive to crime.

There are hopeful signs of an awakening of the social conscience. The social conscience translates itself into concern for the cause and cure of crime. That concern is

expressed in more and better agencies for dealing with the problems of childhood and youth. It is expressed in the demand for better juvenile courts and institutions. It is expressed in the demand for more effective probation and parole. And it is expressed, when all other measures fail, in the demand for prisons that shall be places for the reëducation and rehabilitation of those who have too often fallen by the wayside.

LOVING VERSUS SPOILING CHILDREN

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TO the bewilderment of parents, conflicting views as to their "protective" rôle are freely circulated in a dogmatic fashion that often has no clear rationale. Such dogmatic assertions are exemplified by the warning, "Don't give in to your child or he'll be a baby forever," or, "You must not fondle your son so much. It will only tie him to your apron strings." Some advisers go so far as to recommend rather vigorous measures in order to develop "independence and growth of character." For instance, a child may be left alone all day, unattended, in the house or in the garden, for the purpose of "developing his initiative and resourcefulness," or may even be allowed to go partly clad in cold weather "to develop an immunity against the cold or to build up his physical resistance." The psychopathologist readily recognizes the hostility manifested in the latter type of child management. More sober-minded workers, on the other hand, advocate extreme kindness, affection, and, above all, patience in rearing the child. These attitudes might be grouped under the caption, "Loving the Child," or "Parental Love." Such love is as essential to proper psychic development as food is to physical growth.

But the question now comes up, "Where does loving end and spoiling begin?" or, "Isn't it true that if you love a child too much you will spoil him?" Here theoretical considerations are of no value; only a sincere evaluation of empiric phenomena and clinical data can answer this question for us.

Instinctively, the normal parent experiences extreme pleasure in pouring out affection upon his offspring, whereas the child finds pleasure in receiving it. Biologically this is a necessary safeguard in the development of almost all the higher animals, since the newborn of these species are not equipped to care for themselves. In the human being, such biological and psychic dependence is far more prolonged

than in any other animal, and hence calls for a proportionately prolonged period of "protection" from the parent.

In order fully to understand the child's vital need of affection, one must look into the early life histories of neurotics, psychotics, alcoholics, and criminals. Dr. Adolph Stern, in a recent article on the border-line neuroses,[1] has clearly shown that neglect by the parents, lack of love and spontaneous affection from them, are the fundamental causative factors in the patient's illness. Close examination of the childhood home life of schizophrenics, drug addicts, runaways, and criminals reveals similar childhood deprivations—lack of reassurance or protection for the helpless, panicky child in its hours of greatest need.

The environment provided by the parents during childhood is no doubt the main essential in the characterological growth of the individual. The adolescent, however, also frequently succumbs to various types of neurotic disturbance under trying circumstances, such as the death, illness, or divorce of his parents. The immaturity of the human being is, as we have said, quite long, and throughout its duration he is subject to periods of insecurity or discomfort during which he vitally needs the aid and affection of his parents.

We may say, then, that loving the child is an indispensable condition of sound child-rearing and should be unhesitatingly encouraged. But what about spoiling?

Again let us look at certain clinical facts. It is interesting to observe, and perhaps may seem paradoxical, that "spoiled children" come from homes in which there is not enough love. For the very reason that they do not receive enough affection, they endlessly crave, demand, fight, and carry on to get what they have been denied. This process of "battling for their rightful parental affection" is called "being spoiled."

To these unceasing demands of the already "neurotic or spoiled child," the parent yields ("spoils the child") or again denies the child's persistent request for love through threats or punishment. Both methods, the spoiling and the denying, aggravate the child's condition. What, then, is one to do to relieve the spoiled child?

It is significant that the parent, in yielding to or "spoil-

[1] "Psychoanalytic Investigation of and Therapy in the Border-line Group of Neuroses," by Adolph Stern, M.D. *Psychoanalytic Quarterly*, Vol. 7, pp. 467–89, October, 1938.

ing" the child, does so in an indifferent or perhaps even exasperated manner—giving in primarily "to get it over with," and paying but little heed to the fact that the child requires something else besides merely getting his own way. In principal, the "spoiling" is nothing but an attenuated frustration or denial. For the child's deepest need—the need for reassurance and security—is really again denied by the parent's indifferent or reluctant "giving in." The child is not so much seeking "to gain his point," as he appears to be, as striving to call forth some sign of affection or interest.

Another form of "spoiling" is "overprotection or over-indulgence" for the child. Thus, mothers will overfeed their children, insistently urging them to partake of food at all times of the day, regardless of the desires or activities of the child at the time. Oversolicitude in seeing to it that the child is properly dressed (usually overdressed), that he is well protected from communicable diseases, traffic, and unruly or aggressive children, actually results in a state of semi-isolation for the child and interference with his natural play activities. Here again, spoiling is denial or frustration of the child in that his own desires are ruthlessly interfered with. One has only to observe the child's reaction of resentment and sullenness to the mother's oversolicitude to confirm the fact that he has been deprived of some form of pleasure.

Parents and educators frequently consider "too much loving" and "spoiling" as synonymous, when really they are exact opposites. Spoiling, as brought out here, is a camouflaged practice of "not loving."

Unfortunately parents often have taken advantage of the criticism that they are "spoiling the child" to discontinue even this type of disguised denial and to substitute for it blunt or severe forms of deprivation. It is useless, even harmful, to tell a parent to "stop spoiling her child" when the only other alternative that she has is to become still more "unloving."

The question how to remedy the condition of the "spoiled child" can now be answered. Our insight into his problem—*i.e.*, that he is demanding love in the form of warm affection and reassurance—is the best instrument we have for helping him. This insight, conveyed to parents and all parental substitutes, can be of invaluable aid in the rearing of children.

SOME INDUSTRIAL PLACEMENTS OF WOMEN PATIENTS PAROLED FROM A STATE HOSPITAL

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THE problem of adequate parole supervision for certain female psychotic patients has long been a major challenge to the state-hospital social worker. The present paper reports the manner in which this problem was met by one large mental hospital and the results obtained.

It has become increasingly apparent over a period of time that many psychotic persons, although not entirely recovered, can be socially adjusted and happily placed in certain types of supervised employment. Fifteen years of experience with planned vocational placements of selected women patients by the social-service department of the Central Islip State Hospital have demonstrated the practicability of this procedure. Originating as an experiment in coöperation between one large general hospital and our social-service department, the plan has expanded to include four general hospitals.

Our contact with the first of these hospitals arose when we received one of its patients for psychotherapy. On the occasion of a visit to the hospital to secure this patient's history, we were impressed with its efficient and sympathetic administration, its size and location, and a mutual feeling of confidence and respect was engendered. A certain patient in our hospital was ready for release at that time if she could be placed in a sheltered environment, and a tentative arrangement was made with this hospital to place this patient in a position as soon as a vacancy should occur. The successful adjustment of this woman led to increasing placement opportunities, which have continued up to the present. When several new buildings were opened, we were asked to supply five patients at one time.

Interest in receiving state-hospital patients for employment

was developed in the second general hospital in the same way. The social worker visited the hospital to secure a history of one of their patients then in our care, discussed our plan, and was requested to arrange a placement as an experiment. The superintendent of the third hospital wrote directly to us, stating that she had heard of our "women" and was eager to have two patients for certain jobs.

An item in a New York City paper regarding the bequest of a wealthy philanthropist to an old institution and the anticipated erection of new and enlarged quarters in a suburban district aroused our interest in this hospital as a future possible placement center. A worker discussed with the superintendent the probable need of more employees and asked her to consider us when the opportunity arose. After the completion of the new buildings, a member of the social-service department called several times and finally persuaded the superintendent to give a patient an opportunity to prove her worth. Several months later we placed a second patient, and we now have three people on the pay roll of this institution.

The general hospitals that are participating in the plan are all situated in New York City, two in a fairly suburban section, the other two in congested areas. They have one common factor—the director of the hospital and her immediate assistants are members of a religious order. The positions are exceedingly diversified, including work under supervision in the laundries, diet kitchens, pantries, staff quarters, wards, and offices of the institutions. The wages, hours of work, and duties are clearly defined, and time off duty is regularly given. These are, we feel, important factors in creating satisfaction for both employee and employer, and they will be discussed in detail. In addition, much interest is taken by the immediate supervisors in the personal problems—such as physical health, need for special appliances, expenditure of funds, and family relationships—of the patients placed with them.

A brief study was recently made of 153 patients paroled in this way over a period of fifteen years. Six patients were paroled twice, making a total of 159 placements. In 92 cases, the patient was discharged; in 67, returned to the hospital,

in six cases at the patient's own request. In 103 cases, the patient was considered to have made a good adjustment in the employment situation, and in 56, a poor one. Many patients made a good adjustment at the hospitals in which they were placed, but left for various reasons—to take other positions, to return to their families, to "rest," to live on the money they had accumulated while employed, or to return to their former habits. In some of these cases, while the patient's adjustment in the coöperating institution was good, her later condition necessitated her return to the state hospital. The periods of employment of the various patients in the coöperating hospitals varied greatly. In 51 cases, the patient did not remain more than one month; in 58, she remained from two to seven months; in 32, from eight months to one year; and in 18, over one year.

At the time of admission to the mental hospital, two of the 153 patients were under twenty years of age; 47 were between twenty and forty years; 94 were between forty-one and sixty years; and 10 were over sixty-one.

The parole of these patients was arranged after a period in the state hospital varying from one month to thirty years. The largest number of patients—46—was in the alcoholic classification; 37 were diagnosed dementia praecox; and 34, manic-depressive psychosis. There were eight patients in each of the three groups, mental deficiency, psychosis with psychopathic personality, and general paresis. Other patients were scattered in small groups, there being five cases of epilepsy, three of paranoia, and one each of traumatic psychosis, psychoneurosis, cerebral arteriosclerosis, and involutional melancholia.

A number of patients were paroled to their own custody when they had no family or friends, when the family or the home appeared unsuitable, when the family or friends refused to take the patient, or when, as happened in a few cases, the family actually objected to the patient's release, but the medical staff decided that the patient no longer needed care in a state hospital. After a period in a placement position, the families of some patients who had rejected them, refusing to take them home or to approve of their paroles, voluntarily renewed their interest, made overtures toward the patients,

and maintained friendly contacts, in some cases receiving them at home to live.

The medical staff is reluctant to parole a married patient to any one but her husband, other relatives, or close friends, if they are available. To parole a female patient to her own custody and place her in a position over the objection of her husband is a step that calls for serious consideration, as it may result in many complications. The problems inherent in mental disease and social maladjustment may be aggravated or precipitated by marital discord and are often difficult of solution. A case of this kind in which the final outcome was favorable is the following:

Mrs. Burns,[1] aged forty-five, nativity Ireland, married and the mother of one child, was admitted to Central Islip State Hospital, April 26, 1927, with a history of always having been seclusive and quick-tempered. For six months prior to admission, she had heard voices calling her "rubberneck." She would complain to her husband, awaken him at night, wish him to stop the people who were talking about her and the talk of men wanting appointments with her.

For two years she had been quarreling with her neighbors because she believed that they were pumping air, odors, and electricity into her home to annoy her. Visual, olfactory, and tactile hallucinations were present. Because of her noisy and abusive conduct and threats to the neighbors' children, the patient was committed.

At Central Islip State Hospital, she freely admitted her ideas and experiences, but within a month she was assigned to work at cleaning in the nurses' home. Experience in the sewing room and the clothes room followed, and the patient was commended highly for the quality of her work. Mentally there was no improvement for more than five years after admission. But gradually she became more friendly and sociable, entered into ward activities, and denied hallucinatory experiences. Her release was considered in August, 1934, but her husband objected, stating that he would take her to their home as soon as he was convinced of her recovery. A position was available in an institution one block from their home, but he refused to consider her placement there.

After three years of slow, but consistent improvement, it was decided to parole Mrs. Burns over her husband's objections. The matter was discussed with him on several occasions, as his wife could be placed in a position in an institution more than ten miles away from his home. After he knew that her parole had been granted, he finally assented. She was released December 10, 1937—diagnosis, dementia praecox, paranoid type; condition, much improved. Two days later she was visited by the social worker, who saw her again within ten days. The anxiety and instability of the patient's husband precipitated several situations which were worked through by the patient and the social worker together at

[1] This name and all others used in case histories in this paper are fictitious.

regular interviews. The patient did excellent work, made a most adequate social adjustment, and took great pride in her personal appearance. During the summer months she went on many excursions and boat trips, to band concerts in the park, and to church regularly.

At the end of a year's parole, she was discharged in a much improved condition; and while on visits regarding other patients, the social worker was informed from time to time of Mrs. Burns's continued good health. Four months after the patient's discharge—that is, March 10, 1939—the worker was informed that on the anniversary of her going to work at the institution, her fellow employees, with whom she was extremely popular, had taken up a collection to buy her a small present. Her work adjustment was excellent and her employer spoke of her in high terms.

For the successful outcome of many of these placements of women of all ages, diagnoses, and conditions, we consider a number of interdependent factors responsible.

In the state hospital, female patients are encouraged to become interested in their appearance, to take part in social activities—movies, dances, field sports, religious services—and to perform some useful task. Some of these women have never previously been self-supporting, or have become indifferent, dependent, indolent, and untidy. To stimulate and develop the patient's interest in herself as a person and in her environment may take months or years. Constant encouragement, reassurance, and approval of the patient's efforts are required if socially acceptable patterns of behavior are to be substituted for self-absorption, daydreaming, and idleness.

Valuable instruction and the chance to gain experience in simple housekeeping tasks and skilled work are given by employees in Central Islip State Hospital in many departments. Without their kindly interest, unfailing patience, and generous desire to do more than a routine job, the selection and placements of these patients could not have been made. A primary requisite in such an experiment also is the willingness of the coöperating institutions to accept any patient sent and to give her every opportunity to become adjusted and to demonstrate her ability and worth.

The social workers of our hospital see the patient before her release and explain the new environment and situation to her, promising an early visit and urging that the patient give the job every chance before deciding to leave and that she defer decision on any important problem until the visit

of the social worker. Frequent and regular visits are made to the coöperating institutions, the patients are seen individually, and their supervisors are consulted. In the intervals between visits numerous telephone calls are made to the head of the institution to insure that problems be met as rapidly as possible. We feel that the closer the relationship between our hospital and the coöperating institution, the better the results achieved for all concerned. The coöperating institution depends on us to supply capable workers and to remove workers who prove unsatisfactory. The patients make a successful adjustment, are satisfied, contented, and self-supporting. Our hospital has increasing opportunities for such placements and as a result can release many women who would be quite unsuitable for parole to their own custody, where they would have little or no supervision. The following case is an illustration of this:

Mrs. Jones, married, aged thirty-eight, was admitted to Central Islip State Hospital, November 16, 1929, on her daughter's petition that she had delusions of persecution, thinking that the neighbors were calling her a bad woman because she did not live with her husband. Auditory hallucinations of similar content were present. The duration of the patient's mental illness was thought to have been about eight years, during which time she had enlarged upon her idea that she was a genius in the wrong place and that she should have had a musical career. She could not take criticism, quarreled "terrifically" with her husband, and was unreasonably jealous of him and her sister. She made accusations against other members of her family, including her brothers and her parents, blaming them for her own failures. For years before her father died, she had refused to see him and had doubted her parentage. Her husband had objected to her repeated requests for a divorce, but had agreed to a separation.

She had become increasingly peculiar, had manifested bizarre behavior, and for three years had refused to leave the house for any reason. Her delusional ideas had become more involved, including the superintendent of the apartment house, neighbors, storekeepers, and people on the street.

At Central Islip State Hospital, she was suspicious, seclusive, and sarcastic, indifferent to her environment and unwilling to be occupied. Imaginary male voices persisted.

After six years of residence in the hospital, during which time her mental condition had shown little change, she began to work in a staff kitchen. After eighteen months there, she gave the first indication of some realization of her illness.

Four months later, a position being available in the laundry of one of our coöperating institutions, this patient's release was considered. At the time she was talkative, and when questioned, gave long circumstantial answers, some of which were incoherent and irrelevant. She still believed in her delusional ideas and claimed to hear male voices. She refused to reveal their content, but she understood that they were

imaginary. She was, however, correctly oriented, cared for her personal needs, worked industriously, and although seclusive, did attend amusements. It was decided to communicate with her family, but no one of them could receive or support her, although they were overjoyed at her improvement and eager for her release.

More than eight years after her admission, she was paroled and placed in the position mentioned above. The social worker saw her the next day, again a week later, and twice monthly thereafter. During the early visits of the social worker, the patient expressed anxiety as to her appearance, her skin being too shiny, her hair feeling like wire. She indicated, however, that she felt much better, although fragments of her conversation were frequently inaudible and she used odd phrases, such as, "It's hard to be in the department of the insane." She asked if it were the patients who were getting well who were sent out of the hospital, indicating that she was still not clear in her thinking.

Three months after release, she spoke of her feeling of greater freedom in going about the city, although she still feared the traffic. She continued to do good work, but it was evident from her questions that she misinterpreted the actions of others, felt conspicuous, and continued to suffer from hallucinations. She tried, however, to disregard the voices she heard and hoped that in time they would disappear. Her appearance was still definitely peculiar, her hair very oddly arranged, her attitude withdrawn and diffident. She would occasionally ask if she would ever be like other people, and in one interview stated, "There is still a commotion in my head—hysteria, incessant talking." She was always pleased to be visited and grateful for encouragement and reassurance, spontaneously mentioning any improvement that she noticed in her own condition and ability to do things, such as getting around and shopping better.

Just before the expiration of her parole, she admitted that she sometimes felt unsure of herself because of her mental illness and the long time it had taken for her to get well, but she still had faith in her ultimate improvement; the voices were becoming more infrequent and fainter. She was happy in her work and in her visits to her family. She spoke of the nice Christmas she had had with them and hoped eventually to be able to secure a better position, "so as to be more useful to the world." In March, 1939, two months after her discharge, it was learned that she was still at the coöperating institution and making a satisfactory adjustment.

In view of the long duration of this patient's illness, its malignant nature, and the extent of her break with reality, it is amazing how adequate her adjustment was in her working relationships and with her family.

The transition from voluntary, dependable service as a patient in a state hospital to a definite job with specific duties under trained supervision in another type of institution is not so difficult when maintenance is included. The immediate acceptance of the patient by the superintendent, the assignment of her duties, the renewal of friendships with patients previously paroled, some of whom have completed a year's

parole with consequent discharge and an assured position of importance—all contribute to encourage the newly paroled patient and to stimulate her best efforts. The community life relieves the patient of the responsibility for budgeting a small salary to include rent, food, fuel, clothing, and other necessities, and of the strain of traveling to a job in the city rush hours. The opportunity to choose companions in work and recreation with no great effort, the kindly, understanding interest of the staff, the immediate medical care for small ills and discomforts, and the regular religious services easily accessible to any who wish to attend, give a permanence and continuity to the day-by-day pattern of life. The routine duties and life, the hospital atmosphere, the strength and authority of the twin disciplines, medicine and religion, with their emphasis on service to others, stabilize many individuals who in a different setting would function most inadequately.

The opportunity to start working immediately on release from a state hospital, at a useful job with regular wages, insures no break in the work habits established at the state hospital and offers less possibility of the patient's reverting to her former unhealthy conduct. An assured place in the community, the performance of necessary work, the service to others temporarily or chronically ill or handicapped, and the monthly reimbursement increase the patient's sense of prestige and importance.

Economic security contributes to the patient's personal security in several ways, probably the two most important being the fulfillment of her physical needs—shelter, food, clothing—and her emotional need of securing approval, of proving her value and acquiring prestige. The technique of mastery, of overcoming difficulties in the actual tasks and skills involved, together with the more difficult task of getting along with others, gives satisfaction to her aggressive tendencies, making socially acceptable some of her unhealthy tendencies and psychotic drives. The unemployment prevalent during the past few years has revealed clearly the traumatic effects on the average individual of lack of regular occupation, as well as the inhibitions of activity and changes of character that frequently occur. The chronic wards of a state hospital have for years illustrated to a much greater degree the deterioration that accompanies idleness. We feel

that we cannot emphasize too highly the benefits of the simplest paid job.

As the patient demonstrates her capacity in her new work, her skills and her dependability, she is transferred to another department within the institution, calling for greater responsibility and judgment, or to a simpler one, if the original placement seems unsatisfactory. Promotion is tangible evidence of successful accomplishment and an added incentive to greater effort. In the reverse situation, the approach is from the point of view of the values in the new type of work, with emphasis on what the patient can contribute, the institution's need of her, and the assets in the new job from her own point of view.

Placements are arranged by several methods, depending upon whether we are trying to find a suitable job for a particular patient when the decision to release her has been made by the medical staff, or attempting to discover a suitable patient for a specific job suddenly made available. In the first situation, we discuss with the four coöperating institutions the patients available, to see whether any vacancy would be adequate for the patient in question, or whether a vacancy could be made by transferring some other employed patient to new duties. With a definite job open, we may consider and interview a number of patients, to see which, if any, of the group, may be safely tried at this particular time. Some institutions prefer young women; others, patients over forty years of age. One institution objects to alcoholics; another, to women known to have been promiscuous, though it will give an opportunity to one who has not been flagrant in her previous indiscretions and is endeavoring to make a better adjustment. If a patient has most of the qualifications for the job, but deviates in some way from the institution's accepted standards, a compromise may be effected by our assurance of immediate removal to another placement or a temporary shelter if the anticipated difficulty develops. To cite an example:

> Mrs. Brown was an alcoholic with three admissions to Central Islip State Hospital—in 1909, 1928, and 1930. When released in 1928, at the age of fifty-three, she was placed in a position, and remained there until a month after her parole had expired. Leaving to return to old friends to rest, she resumed her alcoholic indulgence and was readmitted to Central Islip State Hospital in 1930. She was again paroled on

August 4, 1937, to a position in another institution which had formerly refused to accept a patient with alcoholic tendencies. She completed her year's parole successfully, and was happy, contented, and efficient in her work. She said, "The good gates opened when I came here." At no time was there any evidence of the use of alcohol, and she spontaneously denied drinking. When discharged, she decided to resign and "not work any more," but a month later she requested to be reinstated and was eagerly received. At sixty-four years of age, she plans to remain indefinitely.

Consideration of the value of this placement service to the mental hospital reveals clearly a number of advantages. The patients released could not safely be paroled to their families, to friends, or to their own custody without adequate supervision. The financial saving to the hospital of indefinite maintenance for such patients and the release of their beds for other patients are important to the administration. The parole of these patients in the circumstances outlined is an encouragement and a source of stimulation to other inpatients, many of whom make requests for such positions to the physicians or to the social-service department.

The coöperating institutions state that this method of securing employees is more satisfactory than the use of public employment agencies. The superintendent is informed briefly of the patient's past difficulties, possibility of relapse, and recurring symptoms, in order that she may be able to handle the situation intelligently with the patient. It also gives the superintendent herself reassurance; she knows infinitely more of the past experience, habits, and ability of her patient employees than of those secured through a commercial agency, and feels safe in this knowledge.

A number of patients have left their positions to accept others at higher pay; some have returned to families formerly antagonistic and hostile. The change in family attitudes is sometimes an indication of the patient's condition or a reaction to it. By demonstrating her worth, earning money, getting along without family assistance, and in some cases being able and willing to assist the family, the patient challenges the family attitudes regarding her and commands their respect.

The consistent success of this project, the increase of opportunities in the first placement center and in other hospitals, in spite of the economic situation and the lack of jobs generally available, all indicate its essential soundness.

THE CONVERGENCE OF SOCIAL WORK AND PSYCHIATRY: AN HISTORICAL NOTE

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IN the old days, say about a half-century ago, a patient admitted into a state hospital was treated—if he were treated at all—as an isolated organism. Apart from a few routine questions regarding hereditary background and occupational status, little or no attempt was made to delve into his social setting. The state hospital usually was isolated from the community physically and socially, and as often as not the appellation, "monasteries of the mad," had a deeper significance than mere reference to their somber, cloisterlike appearance. But forces were in motion that were to break down this unhealthy isolation. Two streams, flowing in opposite directions, were working toward a confluence that was to affect profoundly the future of both psychiatry and social work. One stream flowed from the state hospital toward the community, the other in the reverse direction.

For one thing, institutional psychiatrists were forced to seek relief from the chronic overcrowding in their hospitals by the establishment of psychopathic wards and mental clinics in the more populated areas. This brought psychiatry—which was at that time almost exclusively institutional in character—a step closer to the community. But there was an even more important factor in operation. The psychiatrist was recognizing the inadequacy of studying and treating the mentally sick patient as an isolated physical unit on a purely mechanical basis as one would repair a clock. The realization was growing that it is quite as important to study the environment in which the illness has developed. While pathological research in the laboratory had revealed certain physiological factors in the causation of certain mental ailments, it had left a tremendous area of mental disorder unexplained. Now, more and more, the psy-

chiatrist was turning to the social setting for possible light. The brain was now conceived not only as an anatomical entity, but as man's *social* organ, acted upon and reacting to external conditions. Mental disorder in general, according to a growing body of psychiatric opinion, was not merely brain disease in the physiological sense, but a disease of the whole personality. The very concept of personality involved social factors.

In order to arrive at a comprehension of the patient's illness, it was found necessary to obtain data on all aspects of the patient's make-up and history—social, economic, hereditary, physical, mental, and emotional. That meant reaching out to the community for the requisite information. At first physicians tried to obtain the data themselves. But they soon found the task an impossible one: it required too much time as well as special investigatory skills. The next logical step, therefore, was to call upon the social worker for aid. A pioneer in this field was Dr. Richard C. Cabot, who brought a full-time, paid social worker to the Massachusetts General Hospital in 1905. A year earlier Dr. Adolf Meyer had enlisted the services of his wife as a volunteer worker in obtaining the case histories of mental patients of the Manhattan State Hospital, where he was then engaged in research as director of the New York State Pathological Institute.

While this call for social service was developing from the inner needs of psychiatry, a similar magnetic attraction was drawing social work toward psychiatry. The social worker and his forerunners in the field of poor relief had constantly come into contact with the problem of mental disease. Traditionally, the care of the indigent insane had been a poor-relief problem rather than a medical one. The almshouse had preceded the hospital as a place for treating, or rather keeping, the insane; the poor-law official preceded the psychiatrist. Until late in the nineteenth century, there were far more insane persons in poorhouses than in hospitals.

Besides caring for the mentally ill, public and private welfare agencies often had to provide for their helpless families. Aware of the seriousness of the problem, social workers had taken an active part in movements for ameliorating the condition of the mentally ill. In the 1880's they were chiefly

instrumental in launching the short-lived predecessor of the mental-hygiene movement, the National Association for the Protection of the Insane and the Prevention of Insanity. They had played a leading rôle in establishing the principle of state care for all the mentally sick in New York during the '90's.

They were, moreover, well acquainted with the terrific problem of readjustment to normal community life that confronted the discharged mental patient, when, in addition to the environmental factors that had originally affected adversely his mental condition, he had to face the handicap borne by those who had been branded with the "stigma of insanity." The popular saying was, "Once insane, always insane." The ex-patient was regarded with suspicion and even fear. His relationships with his family and his friends were likely to be strained for some time after his home-coming. His stay in a mental hospital often was a serious barrier to reëmployment. Obviously he required help in making a satisfactory readjustment. It frequently happened that the unhealthy environment to which he returned, together with the added handicap of being branded as "crazy," proved too much for him, causing another breakdown and readmission to the mental hospital. It was evident that supervision of the patient had to continue after his discharge from an institution.

The after-care movement had already had a long history in Europe, having been introduced in 1829 by a German physician, Dr. Lindpainter. Voluntary after-care societies had been established in France in 1841, and in England thirty years later. During the last decade of the nineteenth century, a number of American psychiatrists actively championed the organization of similar societies in this country. Finally, in 1906, the New York State Charities Aid Association began forming "after-care committees" connected with each state hospital. A trained social worker, Miss E. H. Horton, was engaged to supervise the work of the after-care committee connected with the Manhattan State Hospital. She was probably the first psychiatric social worker in this country. The purpose of these committees was to find suitable homes and employment for needy ex-patients as well as providing other

social services as required, and to exercise general supervision over them in the period immediately following their discharge.

Thus it was that the importance of the environment, as the setting from which the patient came and to which he had to return, was gradually recognized, leading to direct collaboration between psychiatrist and social worker in combating a problem that vitally concerned them both.

About this time the founding of the mental-hygiene movement by Clifford W. Beers proved a great accelerating force in the interplay between psychiatry and social work. Out of this interplay there developed the social psychiatrist on one hand, and the psychiatric social worker on the other. In both professions there was an increasingly strong trend away from mass treatment and toward "individualization." As the psychiatrist advanced toward individual treatment, he became ever more aware of broad social factors in the incidence of mental maladjustment, which had been obscured when treatment was given on a mass basis within institutional walls. On the other hand, social work was focusing more and more on personality in the study and treatment of social maladjustment. Social work turned to the psychiatrist to help it interpret the dynamics of personality. One of the important results of this tendency was the rise of social case-work. In 1917, Mary E. Richmond defined social case-work as consisting "of those processes which developed personality through adjustments consciously effected, individual by individual, between men and their social environment." The pioneer efforts, dating from 1913, of that strange genius, Ernest E. Southard, of the Boston Psychopathic Hospital, in collaboration with the social worker, Miss Mary C. Jarrett, did much to pave the way for psychiatric social work as a profession. The problem of rehabilitating shell-shocked veterans of the World War was also a factor stimulating the general trend. A tremendous interest in the interplay of psychiatry and social work was manifested at the National Conference of Social Work held at Atlantic City in 1919, an event that gave a great impetus to the converging movement.

In the post-war period the application of psychiatric principles to social-work techniques increased by leaps and

bounds. The process was undoubtedly quickened by the tremondous popular interest in psychology and psychiatry during the 'twenties. Many may recall those days when Maizie, the typist, discussed her introvert and extravert boy friends with Nellie, the cloak model, and when patients who had formerly complained about headaches or stomach troubles went to see their physicians about an Œdipus complex, an inactive libido, or a sick super-ego. In the enthusiasm of the moment, psychiatry and mental hygiene came to be regarded as cure-alls for every ill in the world. Mental hygiene in particular became a sort of Jack-of-all trades, and in it was sought the solution of religious, literary, educational, political, social, and economic problems. It was even suggested by some that peace and plenty would reign forever if only all the world's rulers were brought together around a mental-hygiene table. Mental hygiene was definitely being oversold. Its wiser proponents were aware of the danger and tried to check it, but the tendency to interpret everything under the sun from the mental-hygiene angle seemed irresistible. For a time, social work itself was looked upon as merely a branch of psychiatry. Important sociological factors in personal maladjustments were lost sight of.

But the great economic crisis that began in 1929 stopped this trend short. The depression swept millions of "normal" families into the ranks of dependents, and the problems of these people could not longer be explained primarily on such grounds as psychosexual maladjustment. The phenomenon of mass misery was seen as an economic one, requiring an economic solution. Social work concepts once more shifted profoundly. To-day the overemphasis on psychological and psychiatric factors in social maladjustment is being eliminated and there is a healthy tendency toward a clearer evaluation of the economic, physical, and mental forces involved in social work.

The depression also has had the effect of stimulating psychiatrists to seek further into socio-economic factors in mental ill health. While there seems to have been no noticeable increase in the incidence of the psychoses as a direct result of the economic crisis, there does appear to have been a considerable increase in the milder mental disorders, or

neuroses, and social workers have played an important rôle in bringing this situation forcefully to the attention of the psychiatrist.

Thus, while psychiatry has offered the social worker an insight into individual personality, social workers in turn have repaid the debt by supplying psychiatrists with an understanding of the cultural conditioning of personality.

THE COLLEGE FRATERNITY AND ADJUSTMENT

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PERIODICALLY the question of the merits and demerits of the college-fraternity[1] system arises. The discussion usually runs the gamut from administrative values to some of the more vexing problems created by the fraternity system. Seldom, however, are vital problems relative to adjustment discussed, unless some one brings up the question of the possible effect on the individual who fails to "make a fraternity," or comments on the snobbish attitudes that may develop out of the fraternity system. Yet from a mental-hygiene point of view, the most vital phase of the entire college-fraternity problem is the contribution that it can make, or fail to make, in helping young people with their adjustments.

The fraternity system began in America in 1776 with the founding of Phi Beta Kappa, an honorary scholarship fraternity at William and Mary College. Prior to that time, the "nations" of the medieval universities functioned somewhat as do the modern fraternities. All students of a given nation were eligible to wear the garb, and, thus identified, they banded together for mutual protection—a function that in many instances survives in the modern fraternity. The system, then as now, was an outlet for the gregarious tendency and also served as a means of identification in the mind of youth.

In a study by Raphael at the University of Michigan, fraternities and sororities were held to be primary factors in eight-tenths of one per cent of the student problems treated by the mental-hygiene unit of the student health service,

[1] The term "fraternity" as used here is meant to include both the fraternity and the sorority. The problems of the two are much the same, except that possibly young women take the sorority system just a bit more seriously than the men do the fraternity system.

and secondary factors in 3 per cent.[1] The contributions that fraternities make toward mental hygiene should, however, more than compensate for the difficulties that they may create. Naturally, percentages would vary for different universities and colleges. The probability is that the larger school, with its impersonal relations to campus life in general and to fraternity life in particular, would have a higher percentage of problem cases than the smaller institution with its more intimate contacts.

An article by Dr. Harrington,[2] for some years psychiatrist at Dartmouth, gives a definition of mental hygiene in which, in my opinion, the term "fraternity organization" might well be substituted for "mental hygiene":

> "Mental hygiene . . . is a matter of providing each student with an environment suited to his own particular requirements, of seeing that he is not subjected to any stress or strain under which he will break down or suffer harm and that, at the same time, sufficiently heavy demands are made upon him to toughen his mental and moral fiber and to call forth the best that is in him."

A good fraternity organization should fulfill just the functions cited here:

1. Provide an environment suited to the fraternity member's particular needs.
2. See to it that the individual is not subjected to any unusual stress or strain.
3. Take care that excessive demands are not made on the individual by academic, extracurricular, and fraternity activities.
4. Toughen the mental and moral fiber of the individual, calling forth the best that is in him.

It is not the purpose of this paper to discuss the values of the fraternity system as a whole. I shall merely point out those features that have a definite value for adjustment. These include the disciplinary training provided, the socializing values for non-social individuals, the development of a sense of personal responsibility, guidance for the maladjusted, and the counseling aid provided by the fraternity faculty adviser.

[1] See *Four Years of Student Mental-Hygiene Work at the University of Michigan*, by Theophile Raphael, M.D. MENTAL HYGIENE, Vol. 20, April 1936. p. 227–28.

[2] "A College Mental Health Department," by Milton Harrington, M.D. *The Survey*, Vol. 59, pp. 510–12, January 15, 1928.

Fraternity life provides good disciplinary training in that it has a set order for doing things and definite times when certain work must be completed. Here the national fraternity secures better results than does the local fraternity system, in as much as a traveling secretary, who visits the fraternity at frequent intervals, calls attention to deficiencies and brings pressure to bear upon the group. Under a local fraternity system, the group is only as good as the administrative officers whom it elects to direct the policies of the group. National traveling secretaries stimulate a weaker officer and provide guidance that makes him reasonably effective if he has any administrative ability at all. Such guidance has in some instances changed an individual from an indifferent leader to a forciful, dynamic personality. This stimulation in turn is transmitted to the group.

A strong set of officers can establish a systematically organized fraternity life that has a good effect upon the dilatory and that stimulates the lackadaisical. Attendance on meetings at stated intervals, financial obligations that must be met even at the cost of considerable sacrifice, participation in house clean-ups, serving on committees, and other set responsibilities have a definite value in training individuals in habits of orderly living. A comparison of the college dormitory or college rooming house with the average fraternity house will show that routine training plays a larger part in fraternity houses. For the individual who has been accustomed to do as he pleases and for the care-free, irresponsible individual, the training offered by a fraternity has definite adjustment values.

The socializing influence of a fraternity has a very practical value for the withdrawing, serious-minded type of student. Fortunate indeed is the quiet, seclusive, introverted type of individual who gets a fraternity bid. Too often the average fraternity can see nothing in an individual of this type, only later to watch him unfold under a system of fraternity influence. The constructive influence of the fraternity will help physically handicapped and retiring individuals to develop within the fraternity and to extend their influence outward into campus life, creating places for themselves on the campus and bringing prestige to the fraternity group.

Student X came from a home blessed with more than a sufficiency of this world's goods, but except in the furnishings of his living quarters, he gave no indication of the privileges that were his. During his first year, he was a nonentity on the campus, making few friends; consequently the fraternities overlooked him. X's retiring attitude was no doubt in part influenced by a slight physical defect, about which he was very sensitive. Once a member of a fraternity, subject to the good-natured joshing of the group, he soon overcame his sensitiveness and began to take an active part in fraternity activities. The group listened to his comments on fraternity business, recognizing his superior training and good judgment. During his junior and senior years X was an outstanding fraternity officer.

Strangely enough, the pronouncedly social fraternities are apt to do little to develop the socially retiring individual. Their criterion for membership is "an all-around good fellow." On the other hand, the more academically minded groups, with less stress on social activities, render a more effective service in attracting students who need the stimulation of wider group activity. In any event it is not likely that a socially retiring individual will continue as such after the experience of fraternity life.

The fraternity system stimulates the development of personal responsibility, rewarding those who develop in the course of their years in college and finding a place for each member in the operation of the fraternity. The well-conducted fraternity manages its affairs in a systematic manner, not giving its offices to the office seeker, but making them available on the basis of merit. Sometimes, to be sure, fraternity politicians fix up a "slate" that bars the individuals who are most deserving of office, but this may prove a blessing in disguise in directing such individuals toward campus positions that are a greater honor both to the individual and to the fraternity. Fraternity and campus offices both afford a splendid training in leadership, in directing community enterprises, in stirring up laggards, and in putting officious individuals in their places. But fraternity office provides a type of training that no campus office can provide—administrative and business training that carries over into later life. The insistence of fraternity officers on routine procedures is a training mutually beneficial to officers and members.

Y came to the college as a sort of "diamond in the rough," retiring at times and boisterous at others, not amenable to discipline. A fraternity saw possibilities in him, however, and invited him to become a

member. Thereafter, life was no bed of roses either for Y or for the fraternity, the upshot of the matter being that Y left the fraternity house and took up quarters elsewhere, lest there be a general withdrawal of members. Meanwhile the fraternity did not give up the task of making Y into a real campus citizen and an active, participating fraternity member. Y came to depend increasingly upon the fraternity for advice and counsel and made every effort to mend his ways and make an adjustment to the routine procedures of the fraternity. With adjustment, came new responsibilities, with the result that Y was entrusted with one of the most important positions in the fraternity during his senior year.

Life in a fraternity house offers much in the way of guidance for maladjusted individuals, more than is possible in the dormitory or the college rooming house. The maladjusted member comes to the attention of officers much sooner than he does to the attention of the college administrative staff. An executive-committee meeting of the fraternity frequently centers its discussion about some particular individual who is not fitting well into fraternity life or who is involved in questionable activities that will interfere with his future as a member of the campus community. Problem cases include the drinker, the gambler, the antisocial college disciplinary case, the destroyer of college property, the spoiled athlete, the overcompensating trouble maker, and others.

Z, a minister's son, was one of the most brilliant members of the senior class, but during his last two years in college he spent a good part of his time gambling in a resort some distance from the campus. As a result his academic work began to suffer; he grew haggard and sickly looking, and became a topic of discussion among faculty members, who noted the great change in him and his performance. During the mid-year finals, Z decided not to take an examination because it was scheduled at a time that did not strike his fancy. Faculty condemnation only served to make him more indifferent, with the result that it looked as if he might be dismissed from college. The fraternity executive committee made Z their problem, holding several conferences with him, not in a critical, fault-finding mood, but with the sympathetic attitude of wanting to help him solve his problems. The committee pointed out to Z the effect of his present conduct on habit formation and life after college. Not once was the fraternity mentioned in conferences. As a result of fraternity advice and counsel, and the fine attitude of fraternity members, Z did an "about face," graduated with credit to himself, and is now well established in a position of trust.

Practically every fraternity maintains specific committees which deal with the problems of student relationship to the fraternity and to the campus in general. A scholarship committee stimulates the group as a whole and gives particular

attention to individual students who are lagging, particularly the newer members. In many instances a senior coaching or tutoring system is maintained to stimulate students who are not making adequate progress in academic work. The slower student is thus tutored over difficult sections of the course, is taught more effective methods of attacking work, and is carefully checked up through the dean's office. A careful record of all fraternity members from the dean's office prevents consistent failure. Scholarship awards and cups make good scholarship a matter of fraternity pride. Practically every fraternity insists that its members participate in several extracurricular activities in order to give the fraternity a well-rounded membership, to further individual development, and to serve as a selling point to desirable candidates. Under such a system adequate recreational outlets are assured for the fraternity man; whereas the non-fraternity man can in many instances avoid all extracurricular participation and become as self-centered as he likes. As individuals are encouraged to participate in campus activities, the selfish, self-centered attitude is greatly modified. Rush committees, publication committees, social committees, and other fraternity committees generally find tasks for every individual fraternity member.

The fraternity system provides for the selection of a faculty member as a group counselor. This adviser plays a major part in the contribution that fraternity life makes to adjustment. He should be an individual who is interested in and sympathetic toward the aspirations and the problems of youth. Through continued service to the fraternity, the faculty adviser in turn gains in understanding; hence his value to the group grows as the scope of his advisory service increases. An intelligent, sympathetic faculty adviser can be of inestimable value in counseling the group. Very often the fraternity members will go to a faculty adviser for help on general college problems in preference to consulting the administrative officer or the regular academic advisers of the college. The attitude of the average fraternity member toward the faculty adviser is different from his attitude toward a regular academic faculty member. He feels closer to the faculty adviser by reason of the more intimate contacts of chapter meetings, initiations, smokers, and the general

social gatherings in the fraternity house. Occasionally a faculty adviser becomes the confidant not only of the members of his fraternity, but also of the members of other fraternities and campus organizations.

It does not follow, however, that the adviser of a given group is always the best person to serve as adviser to that group. In some instances the faculty adviser may have only a casual interest in the fraternity, and the fraternity is likely to welcome the opportunity to be left alone and to be permitted to manage its own affairs. Or, again, the faculty adviser may not be an individual who makes an appeal to students. He may not have the background, training, and personal equipment that would enable him to be of the greatest assistance in helping a group solve their difficulties. Probably the best function of the faculty adviser who is not familiar with the guidance of students in certain fields is to recognize his limitations and direct the students to those who are best qualified to render this service. On the other hand, any sympathetically minded adviser can make some real contribution to youth guidance.

The faculty adviser stands in an intermediary position between the fraternity and the mental-hygiene unit of the student health service of the college. Many of the problem cases come to the attention of the faculty adviser long before they reach the desk of the college administrative officer or the college psychiatrist. Were it not for the faculty adviser, many of these problems might never come to the attention of the college mental-hygiene department. Some of the problems in which the faculty officer can assist the student are:

Worry over school work, examinations, faculty relations.
Poor orientation in college.
Instability and impulsiveness.
Oversensitivity and timidity.
Immaturity and its related problems.
Stress of transfer from home to college.
Problems involving poor self-discipline.
General problems of sex adjustment.
Feelings of inferiority.
Poor physical hygiene, including the overuse of tobacco and alcohol.
Worry concerning physical conditions.
Poor methods of study.
Pressure of outside work.
Academic overload.

Misconduct, including disciplinary situations.
Fear of the future.
Conflicts with family.
Pressure of extracurricular activities.

Many such matters will be brought by students to the faculty adviser before they would think of taking them up with the college psychiatrist. In other instances, fraternity brothers of the student concerned will urge that the student consult the faculty adviser, or else they bring the student to the attention of the adviser personally. In any case, contact with the psychiatrist is made much easier by this intermediary association. In general a faculty-adviser system for all the fraternities on a campus should make a mental-hygiene program doubly effective through its ability to get into contact easily and naturally with those students who need the help and guidance of the mental-hygienist.

The library of the fraternity is another approach to guidance. Here the faculty adviser can use his influence in seeing that an allotment is made for a number of good standard references on student problems and mental hygiene. Many students will consult these books while library browsing; others will consult them seeking aid for their personal problems; while others again can be referred to certain books for aid.

The choice of a fraternity is a question that cannot be taken lightly. To insure that the incoming freshmen will choose a fraternity with some degree of insight, precautions may well be taken by college administrative officers. There are colleges in which the incoming freshman is pledged within his first few hours on the campus, only to discover at a later date that he has made a mistake in his choice. Such unfortunate choices tend to complicate campus life for the novice in college and create a feeling of insecurity. In the same way the fraternity may find that it has an undesirable member, but for fear of loss of prestige, the relationship is continued, to the mutual dissatisfaction of the freshman and the fraternity group. Provisions that would safeguard such unfortunate choices are:

1. No pledging of freshmen prior to the end of the first semester, thus giving new students an opportunity to become acquainted with the different fraternities and fraternity personalities.

2. A series of orientation talks before freshmen by fraternity presidents, explaining objectives, financial responsibilities, and related problems.

3. Impartial presentation of the fraternity problem in the freshman orientation course.

4. Regulations governing pledging and membership drawn up by the interfraternity organization, the regulations to be strictly enforced.

Alumni of fraternities who attempt to bring their fraternity to the attention of the prospective college student are primarily interested in the prospective student as a fraternity candidate. Too often prospective members are thought of in terms of assets to the fraternity rather than in terms of the contribution that the fraternity can make to the development of the candidate. It should not, of course, be the purpose of fraternities to become merely havens for those individuals who need aid in making college adjustments, but unless the fraternity system takes cognizance of these individuals and the service that it can render them, fraternity organization is not succeeding to the fullest degree.

Granting that the fraternity system may contribute some small percentage of student problems that come to the attention of the mental-hygiene clinics, it would appear that the fraternity system can make a real contribution to the college mental-hygiene program, in addition to reducing in a material way the problems that have been created by the system in the past. Much depends on the guidance provided by the college and the enlistment of all groups in a coöperative program under which fraternities will exist to serve the students rather than the other way around. Once the fraternity system is analyzed from the point of view of student adjustment, it will be seen that it can be a very vital part of a college mental-hygiene program.

THE SENSORY LEVEL IN HYGIENIC INTEGRATION

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IN all systems of education, formal, natural, and progressive, one may note to-day a tendency to utilize sensory levels as the basis of method and procedure. Laboratory techniques are augmenting and, in some cases, supplanting oral instruction, although the two are necessarily combined. This evolution in contemporary educational systems seems to be due to the fact that valid effort may be most advantageously developed from interest, in line with Dewey's dictum as to the relationship of these fundamental components of learning. It is a common observation that the pupil finds more elemental satisfaction in doing things with his muscles than in purely intellectual achievement. Piaget's observations confirm the opinion that the child understands little of the spoken word, but must experience thought through action. Thinking without action is an artifice. The child expects thought to objectify and express itself in physical movement. In the child's world, physical action is far more important than thinking.

This situation is forcibly illustrated in the reëducation of the psychotic patient. When psychiatry, advancing from "sorcery to science," brought into clearer focus the classification of disease entities, it was most natural to envisage mental diseases as maladjustments of the mental processes, and to approach the subject of treatment from the angle of an inadequate or poorly functioning intellect. But it is now recognized that conflicting desires, emotional distortion, volitional vacillation, complicate the behavior of the patient and make it inadvisable in many cases to approach the problem of individual rehabilitation exclusively upon the level of conscious and purposive mentation. The far-regressed dementia-praecox patient who has buttoned himself up in a world of phantasy resulting in physical passivity may become so habituated to inactivity that he is unable to dress or feed

himself. Ordinarily, one wastes one's time trying to discuss the problem with him. This does not mean that the intellectual level is necessarily inactive. As Kretschmer observes, these patients may be like Roman villas which have closed their shutters as night approaches; while the homes appear dark and gloomy from the outside, inside lights may be burning and there may be gay festivities.

If given the whole life history of the patient, one may discover an early play interest. As a basis or a starting point for more sustained procedures, it is frequently effective to reactivate this childhood activity. The method of reactivation, however, is the crux of the therapeutic problem. The more one attempts to discuss the matter with the patient, the more complex the problem may become and the farther from solution. One must present a simplified situation, divested, so far as practicable, of a multiplicity of confusing and complicating contributory factors. The therapist, in an endeavor to present a simplified situation, might well study the early play interests of the patient. If he has played baseball in childhood, for example, an initial participation may be promoted by taking him to the baseball field where others are playing. After he has become oriented to the experience of watching them play, it may be advisable simply to throw the ball to him without comment. He will usually catch it and throw it back. From this beginning upon the sensory level, studious and sustained attention on the part of the therapist may promote a higher level of integration, advancing from the physical to mental, and possibly to social, effort.

In the matter of mental reëducation Dr. Adolf Meyer has called attention to the psychological aspect of the sensory level upon which the patient "touches the object." In this therapeutic procedure, he comes in direct contact with reality, and interposing difficulties, such as delusions and hallucinations, do not disrupt the behavior processes so easily. Many timid and distractible individuals become more confident and aggressive in their mental and physical relationships. Experience seems to suggest many ways in which the low sensory level may contribute to wholesome basic behavior development.

A consolidation of isolated references to the application of psychotherapy at the sensory level brings out the following

considerations: Conduct (at this level) is elemental and strongly motivated, since it is rooted in the structures of the organism; activity is comparatively easily evoked; behavior becomes more definitely objectified and susceptible of closer evaluation; the modifiable nature of multiform movements at this level offers media for progressive educational material and methods; a wholesome feeling of release provides a strong psychic stimulation; the basic skill hunger of the individual is fed.

Since physical play is the child's life, sensory integration is naturally developed in child education. This level also appears fundamentally important in the rehabilitation of the mentally ill. Since the regressed psychotic patient retains early rather than late memory impressions, the sensory adjustments based upon a reawakening of the play experiences of childhood are more easily and more naturally achieved. Educational authorities are realizing the powerful excitants to constructive and progressive behavior inherent in the skill hunger of individuals. A study of effective methods of character organization is unfolding a most fertile psychological background in the big-muscle activities, which offer not only a healthy release, but also feelings of personal worth-whileness. In the child's life the most valid coin is a motor skill.

One should not infer from this that expression at the sensory level is the sole desideratum, nor that the physical can or should be wholly separated from the higher processes of conscious thinking. The purpose of this discussion is simply to emphasize the practicability of laying more stress upon the sensory level as a contribution to more effective rehabilitative education. Whatever the implications of "housing an overactive mind in an underactive body," one cannot escape the conclusion that any interpretation of the personality as a unity of body and mind must give careful consideration to the concept of the body as an active organism. Nature requires that muscles be moved.

Another fallacy of conventional education inheres in the supposition that all wholesome muscular activity develops in response to purposive mentation. On the contrary, wholesome psychic release may come from expansive physical activity in which no purposive or useful end is attempted,

such as the grandiose movements of children's natural dance movements. A more subtle illustration is to be seen in the indirect movements and added physical effects of many colored amateur baseball players. The contrast between their playing and that of the professional player, whose movements are effective because economic and direct, is marked. Noting the jollity and hilarity of the former, however, one would not say that their movements are unwholesome because of the lack of careful economic planning and execution. These added grandiose movements probably are a wholesome expression of psychic feelings of expansion and release.

Recent psychiatric literature seems to point to the conclusion that education at the sensory level may possibly have an important bearing upon psychotic states. For example, the belief expressed by White, and later enunciated by many workers in the field, to the effect that defective functioning of the sense organs may affect, and possibly have a causal relationship to, hallucinatory experiences, would indicate possible ameliorative results from more wholesome exercise at the sensory level. The physical therapist observes many instances in which psychotic patients become less affected by hallucinations as they give expression to their physical skill in an interesting game of golf, for example. In this case the normal pleasures of playing golf seem to overcome the pleasures of daydreaming, temporarily at least, and to enable the individual to keep his attention upon the intriguing and inviting ball, the fairways, and the greens.

One should not infer from this that any claim is made that physical therapy will serve as a curative measure for delusional or hallucinatory experiences. Dr. Adolf Meyer illuminates the therapeutic approach to and understanding of hallucinatory experiences: "The main thing, of course, is to avoid complexity of the situations and to have concreteness and intelligibility of what is going on. Where one deals with auditory hallucinations, it is very much more a question of avoiding suspicions of sounds and the like." Psychiatrists remind us that these experiences are wrapped up in the life situation and the life goal of the individual and must be studied as a part of the total personality. In so far as a

poorly functioning sensory integration is responsible for such conditions, it is reasonable to infer that education and upbuilding of the physical components may possibly assist. The individual whose hallucinations are compensations for a deep-seated feeling of inferiority may conceivably be benefited through physical-exercise therapy, which, through the progressive development of motor skills, will enhance his feeling of worth-whileness and ability.

Educators to-day are seeking to learn more of the child's point of view as well as of his individual abilities and interests. They are delving into the child's own world to perceive what is meaningful and valid in his learning sphere. Individualization, leading to the discovery of varying levels of capacity and interest, is making for more effective educational procedures. We are learning to make the child the center of the educational process, to teach the child in response to his own nature. Recent psychiatric literature is calling attention to the danger to mental health inherent in intellectual formalism which, under the guise of efficiency, is still cramping wholesome personality expression in both teacher and child. Purely intellectual goals prove unsatisfactory since they are artifices in the child's world. The child wants something that he can see and handle. Marks, class grouping, rewards, and recognition on the basis of intellectual accomplishment alone are undoubtedly conducive to mental instability because of the popular connotation of school marks with success in life. Many educators to-day are expressing the belief that the sensory level should occupy the primary place in child education, the intellectual occupying the top of the pyramid, while at the broad base the natural expansive physical area finds representation.

As long as mental health is confused with purely mental functioning, the problems of education will remain unsolved. The wholesome personality as an expression of the total organism involves the integration of physical and mental processes. Education that places an increasingly greater emphasis upon the sensory levels—that aims at behavior as well as mentation, conduct as well as introspection, and doing as well as feeling—is achieving most practical and satisfactory results in method and outcome.

USE AND EFFECT OF ALCOHOL IN RELATION TO ALCOHOLIC MENTAL DISEASE BEFORE, DURING, AND AFTER PROHIBITION*

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BECAUSE of its prevalence and its preventability, alcoholic mental disease is of special social interest. Such interest has been taken into account by the statistical bureau of the New York State Department of Mental Hygiene in its annual compilation of data concerning mental diseases since 1913. In addition to the usual statistical information concerning all first admissions, a special schedule report for each alcoholic case has been required from the state hospitals. The supplementary questions on the schedule relating to the use and effect of alcohol are as follows:

1. At what age did patient become addicted to the use of alcoholic liquors?
2. What liquors did patient drink? To which was he especially addicted?
3. Was patient a regular or a periodic drinker? What quantity of liquor did he drink?
4. Did patient become intoxicated? If so, how often?
5. Did patient's drinking cause him to lose time from his regular occupation? If so, to what extent?
6. Did patient's drinking affect his general health? If so, how?
7. Has patient had delirium tremens? If so, how many times?
8. Has patient had previous attacks of alcoholic mental disease?
9. Did he use drugs? If so, specify kind, and extent of use.
10. Was alcohol the principal or contributory cause of patient's insanity?

The data reported in answer to these questions for the fiscal year ended September 30, 1914, were tabulated by the author and published in the *State Hospital Bulletin* for August, 1915, under the title *The Use and Effect of Alcohol in Relation to the Alcoholic Psychoses.* In the year 1914, a

* The author gratefully acknowledges the assistance of Mr. Manfred Lilliefors in the preparation of the tables included in this study.

considerable number of the rural districts of the state had become dry under local-option laws, and for the preceding two years there had been a slight decline in the rate of alcoholic first admissions. The group studied at that time comprised 464 first admissions.

As important changes in federal and state regulation of the liquor traffic have taken place since 1914, it has been deemed desirable to make a comparative study of later periods. The periods chosen for such study comprise (1) the years 1920–1923, inclusive, and (2) the years 1936–1937, inclusive. The first period covered four years of comparatively effective prohibition, and the second period, two years under state and local regulation. The difference in the numbers of first admissions in the two periods is striking, the four years under prohibition yielding only 817 alcoholic first admissions, or an average of 204 per year, as compared with 1,703, or an average of 852 per year in the two years under the present license system.

As satisfactory answers to the questions on the schedule were unobtainable in many cases, it became necessary to limit the tabulation to 662 first admissions in the first period and to 1,586 in the second. In tabulating the data, the several questions were taken up in order. The cases were separated by sex and type of alcoholic psychoses so that the relations of each sex and of the various types with respect to the use of alcohol could be more clearly seen.

Question 1.—At what age did patient become addicted to the use of alcoholic liquors?

The data reported in answer to this question are presented in Tables 1–4, pages 114, 115, and 116. It is clear from the answers that the drink habit resulting in alcoholic mental disease is formed early in life. Naturally, many of the answers lacked definiteness, as precise information was not available. In the following comparisons the percentages are based on ascertained cases.

In the 1914 study, 45.5 per cent of the males and 12.5 of the females were under twenty when the drink habit was formed. In the 1920–1923 period, the corresponding percentages were 50.0 and 22.5, and in the 1936–1937 period, 34.0 and 14.8. The female patients at the time of the formation of the drink habit were on the average older than the

TABLE 1.*—AGE AT WHICH DRINK HABIT WAS

Type of alcoholic psychosis	Total			Under 20 years			20–24 years			25–29 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Pathological intoxication	44	13	57	18#	4	22	9	1	10	9	1	10
Delirium tremens	50	11	61	23†	3	26	13	2	15	2	..	2
Korsakow's psychosis	46	12	58	19¶	..	19	9	4	13	3	1	4
Acute hallucinosis	252	38	290	109	4	113	58	5	63	14	5	19
Alcoholic deterioration	23	14	37	11	2	13	6	3	9	3	..	3
Paranoid states	82	11	93	29	3	32	26	2	28	6	2	8
Confusional states	11	5	16	5	1	6	3	1	4	2	..	2
Other types	36	14	50	8	1	9	13	2	15	2	5	7
Total	544	118	662	222	18	240	137	20	157	41	14	55

* Read across two pages.
# One at three years of age in Russia.
† One at eight years.
¶ One at seven, another at ten.

TABLE 2.*—AGE AT WHICH DRINK HABIT WAS

Type of alcoholic psychosis	Total			Under 20 years			20–24 years			25–29 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Pathological intoxication	120	23	143	23	5	28	15	4	19	10	2	12
Delirium tremens	211	41	252	58	4	62	44	4	48	20	4	24
Korsakow's psychosis	127	50	177	27	4	31	31	..	31	14	3	17
Acute hallucinosis	294	54	348	77	7	84	88	8	96	38	14	52
Alcoholic deterioration	188	63	251	49	5	54	50	9	59	24	7	31
Paranoid states	125	24	149	26	6	32	38	3	41	18	1	19
Confusional states	123	29	152	49	..	49	34	5	39	15	3	18
Other	81	33	114	21	4	25	22	1	23	7	9	16
Total	1,269	317	1,586	330	35	365	322	34	356	146	43	189

* Read across two pages.

male in all three periods. The comparative figures for the ascertained cases were:

Average Age at Formation of Drink Habit

Period	Males	Females
1914	21.4	27.9
1920–23	20.6	25.8
1936–37	23.9	31.7

It will be observed that the 1920–1923 group were younger than the other groups when the drink habit was formed.

The average age of the patients of the three groups at time of admission were not widely divergent; however, the 1936–1937 group averaged about two years older than the other groups. The following are the comparative figures:

Average Age on Admission

Period	Males	Females
1914	43.6	44.3
1920–23	43.9	43.3
1936–37	45.9	45.8

Among males the average duration of the drink habit prior to admission in the 1936–1937 group was 22 years and among

ACQUIRED, FIRST ADMISSIONS OF 1920–1923

30–34 years			35–39 years			40–44 years			45–49 years			50 years and over			Unascertained		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1	..	1	1	..	1	..	1	1	..	..	..	..	..	..	6	6	12
2	1	3	1	3	4	..	..	..	..	..	..	..	..	..	9	2	11
2	..	2	..	2	2	1	..	1	..	1	1	3	..	3	9	4	13
16	3	19	2	6	8	3	1	4	..	..	..	..	..	..	50	14	64
1	2	3	..	1	1	..	..	..	..	..	..	..	1	1	2	5	7
3	1	4	2	1	3	1	..	1	..	..	..	1	..	1	14	2	16
..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	1	1	2
2	2	4	..	..	..	..	..	..	..	..	..	2	..	2	9	4	13
27	10	37	6	14	20	5	2	7	..	1	1	6	1	7	100	38	138

ACQUIRED, FIRST ADMISSIONS OF 1936–1937

30–34 years			35–39 years			40–44 years			45–49 years			50 years and over			Unascertained		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
7	1	8	4	3	7	3	2	5	1	1	2	1	2	3	56	3	59
9	6	15	5	6	11	3	4	7	4	..	4	..	2	2	68	11	79
9	9	18	3	5	8	2	1	3	1	5	6	2	5	7	38	18	56
13	8	21	10	3	13	9	3	12	2	1	3	3	2	5	54	8	62
9	11	20	5	7	12	3	2	5	4	4	8	1	2	3	43	16	59
6	1	7	3	2	5	6	4	10	2	2	4	3	..	3	23	5	28
6	1	7	4	1	5	4	3	7	4	1	5	2	1	3	5	14	19
10	3	13	4	6	10	1	1	2	1	1	2	4	3	7	11	5	16
69	40	109	38	33	71	31	20	51	19	15	34	16	17	33	298	80	378

females 14.1 years. These data have great significance from the point of view of preventive effort. During the long period of excessive drinking that precedes the onset of alcoholic mental disorder, it should be possible to check the habit and protect the alcoholic so that mental disease might be averted.

It will be noted in Tables 3 and 4 that marked differences among patients of the several types are shown in the average

TABLE 3.—AVERAGE AGE AT TIME OF ADMISSION OF ALCOHOLIC PATIENTS AND AVERAGE DURATION OF DRINK HABIT BEFORE ADMISSION, FIRST ADMISSIONS OF 1920–1923

Type of alcoholic psychosis	*Average age at admission*			*Average duration of drink habit, in years*		
	Males	Females	Total	Males	Females	Total
Pathological intoxication...	40.8	43.1	41.3	20.2	19.7	20.2
Delirium tremens.....	41.9	39.8	41.6	22.0	12.9	20.4
Korsakow's psychosis.....	53.4	43.8	51.4	31.2	16.4	28.5
Acute hallucinosis.....	41.4	42.3	41.5	21.6	15.6	21.0
Alcoholic deterioration.....	47.4	45.2	46.3	27.1	16.3	24.0
Paranoid states.....	45.9	42.8	45.6	25.0	20.4	24.5
Confusional states.....	48.6	51.8	49.6	26.3	29.7	27.3
Other types.....	46.5	44.9	46.0	22.6	18.8	21.5
Total	43.9	43.3	43.7	23.3	17.5	22.4

TABLE 4.—AVERAGE AGE AT TIME OF ADMISSION OF ALCOHOLIC PATIENTS AND AVERAGE DURATION OF DRINK HABIT BEFORE ADMISSION, FIRST ADMISSIONS OF 1936–1937

Type of alcoholic psychosis	*Average age at admission*			*Average duration of drink habit, in years*		
	Males	Females	Total	Males	Females	Total
Pathological intoxication...	44.6	45.2	44.7	17.8	15.8	17.3
Delirium tremens.....	43.2	42.2	43.0	20.0	13.5	18.9
Korsakow's psychosis.....	51.2	49.1	50.6	28.0	12.0	23.7
Acute hallucinosis.....	41.9	37.7	41.2	18.2	8.7	16.6
Alcoholic deterioration.....	48.8	49.6	49.0	24.4	18.8	23.0
Paranoid states.....	48.0	45.4	47.6	23.0	15.1	21.8
Confusional states.....	49.5	52.3	50.1	26.3	20.7	25.7
Other types.....	46.0	49.8	46.2	21.2	12.5	18.8
Total	45.9	45.8	45.9	22.0	14.1	20.4

age on admission and in the average duration of the drink habit. The Korsakow group was the oldest in both periods and had the longest average duration of the drink habit in the 1920–1923 period. The acute-hallucinosis group was the youngest in the 1936–1937 period. Patients of each type averaged above forty years of age in both periods. All types gave a history of from fourteen to twenty-eight years of excessive drinking prior to admission.

Question 2.—What liquors did patient drink? To which was he especially addicted?

The tabulated answers are given in Tables 5 and 6, page 117.

Whisky stands out as by far the most common alcoholic drink indulged in by these patients. Of the 1920–1923 group, 66.4 per cent drank whisky to excess, and of the 1936–1937 group, the percentage was 76.6. The percentage of cases drinking beer only was 16.9 in the former group and 7.4 in the latter. These two beverages were both indulged in by many patients and several other combinations of drinks were reported. The choice of beverages by males and females was in general quite similar.

In 1914, 47.2 per cent of the alcoholic cases were addicted to whisky and 33.6 per cent to beer. Apparently in the later years whisky had become a more potent cause of alcoholic mental disease.

TABLE 5.—KINDS OF LIQUOR TO WHICH PATIENTS WERE ESPECIALLY ADDICTED, FIRST ADMISSIONS OF 1920–1923

Type of alcoholic psychosis	*Total*			*Whisky and alcohol*		*Whisky and beer*		*Wine only*		*Beer only* *		*All others*		*Unascertained*	
	M.	F.	T.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Pathological intoxication	44	13	57	26	8	3	..	3	1	10	1	2	2	..	1
Delirium tremens	50	11	61	37	5	3	1	..	4	6	1	2	..	2	..
Korsakow's psychosis	46	12	58	32	6	3	..	..	..	6	2	2	1	3	3
Acute hallucinosis	252	38	290	152	21	15	..	17	1	42	5	15	7	11	4
Alcoholic deterioration	23	14	37	17	9	2	..	..	..	3	1	..	2	1	2
Paranoid states	82	11	93	52	7	4	1	2	1	15	1	4	1	5	..
Confusional states	11	5	16	6	5	..	..	..	..	3	..	2	..	..	..
Other	36	14	50	26	8	..	..	..	..	7	3	1	3	2	..
Total	544	118	662	348	69	30	2	22	7	92	14	28	16	24	10

* Includes ales.

TABLE 6.—KINDS OF LIQUOR TO WHICH PATIENTS WERE ESPECIALLY ADDICTED, FIRST ADMISSIONS OF 1936–1937

Type of alcoholic psychosis	*Total*			*Whisky and alcohol*		*Whisky and beer*		*Wine only*		*Beer only*		*All others*		*Unascertained*	
	M.	F.	T.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Pathological intoxication	120	23	143	86	14	16	1	..	2	7	3	6	2	5	1
Delirium tremens	211	41	252	162	32	18	..	1	1	12	3	8	..	10	5
Korsakow's psychosis	127	50	177	90	28	11	3	1	3	8	5	4	7	13	4
Acute hallucinosis	294	54	348	214	41	25	1	6	1	21	5	15	3	13	3
Alcoholic deterioration	188	63	251	154	43	15	5	1	2	5	9	6	3	7	1
Paranoid states	125	24	149	87	14	12	4	9	2	9	1	8	3	..	..
Confusional states	123	29	152	95	23	7	2	3	1	10	1	6	1	2	1
Other	81	33	114	63	18	5	3	..	2	7	5	4	5	2	..
Total	1,269	317	1,586	951	213	109	19	21	14	79	32	57	24	52	15

Question 3.—Was patient a regular or periodic drinker? What quantity of liquor did he drink?

Tables 7 and 8 give the tabulated answers.

TABLE 7.—NATURE OF DRINK HABIT, FIRST ADMISSIONS OF 1920–1923

Type of alcoholic psychosis	Total			Regular			Periodic			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Pathological intoxication	44	13	57	26	11	37	17	1	18	1	1	2
Delirium tremens	50	11	61	37	9	46	13	2	15	..	..	..
Korsakow's psychosis	46	12	58	32	10	42	14	2	16	..	..	..
Acute hallucinosis	252	38	290	165	26	191	83	12	95	4	..	4
Alcoholic deterioration	23	14	37	20	10	30	2	3	5	1	1	2
Paranoid states	82	11	93	66	11	77	16	..	16	..	..	..
Confusional states	11	5	16	7	4	11	4	1	5	..	..	..
Other types	36	14	50	25	10	35	11	2	13	..	2	2
Total	544	118	662	378	91	469	160	23	183	6	4	10

TABLE 8.—NATURE OF DRINK HABIT, FIRST ADMISSIONS OF 1936–1937

Type of alcoholic psychosis	Total			Regular			Periodic			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Pathological intoxication	120	23	143	60	10	70	41	13	54	19	..	19
Delirium tremens	211	41	252	119	32	151	73	9	82	19	..	19
Korsakow's psychosis	127	50	177	99	40	139	18	7	25	10	3	13
Acute hallucinosis	294	54	348	162	39	201	120	14	134	12	1	13
Alcoholic deterioration	188	63	251	135	44	179	51	18	69	2	1	3
Paranoid states	125	24	149	84	18	102	39	6	45	2	..	2
Confusional states	123	29	152	77	19	96	46	10	56	..	..	..
Other types	81	33	114	40	22	62	40	10	50	1	1	2
Total	1,269	317	1,586	776	224	1,000	428	87	515	65	6	71

Of the 652 ascertained cases of the 1920–1923 group, 469, or 71.9 per cent, drank regularly, and 183, or 28.1 per cent, drank periodically. Of the 1,515 patients of the 1936–1937 group whose drinking habits were reported, 1,000, or 66.0 per cent, were regular drinkers and 515, or 34 per cent, were periodic drinkers. In 1914, the regular drinkers constituted 77.8 per cent of the total.

Among both regular and periodic drinkers a fixed habit of excessive drinking was indicated. Many of the regular drinkers consumed large quantities of liquor every day, some as much as two or three quarts of whisky. The periodic drinkers would abstain or drink moderately for a week or a month and then throw restraint aside and enter on a period of debauch.

No marked differences in the drinking habits of the patients of the several types are noted. As would be expected, in the 1920–1923 period, home-brewed beer and moonshine whisky were frequently substituted for commercial products.

Excess in drinking is further indicated by the frequency of

intoxication which was reported in answer to the next question.

Question 4.—Did patient become intoxicated? If so, how often?

Satisfactory information with reference to the fact of intoxication was obtained for 645 of the 662 cases of the 1920–1923 period, and for 1,139 of the 1,586 cases of the 1936–1937 period. Only 34, or 5.3 per cent, of the first group, and 51, or 4.5 per cent, of the second group were reported as not having been intoxicated. Of the 1914 cases, the corresponding percentage was 12.7. The frequency of intoxication of the patients included in the present study was irregular in many cases. A large proportion of the patients of both periods became intoxicated once a week or oftener. A spree at the week end or after pay day was a common occurrence.

Question 5.—Did patient's drinking cause him to lose time from his regular employment? If so, to what extent?

The data on this point are presented in Tables 9 and 10, page 120.

Reliable information concerning loss of time from employment was not obtainable in 56 cases of the 1920–1923 group and in 354 cases of the 1936–1937 group. Among the ascertained cases of the former group, no loss of time was reported for 322, or 53.1 per cent. For the latter group, the corresponding number was 587, or 47.6 per cent. In 1914, the percentage of cases suffering no loss of time was 35.1. Many other cases of all three periods were not so fortunate. Loss of position was suffered by 29, or 4.8 per cent, of the patients of the 1920–1923 group, and by 209, or 17.0 per cent, of the 1936–1937 group. In 1914, such loss was suffered by 25.4 per cent of the ascertained cases. When the heavy drinking is taken into consideration, one would expect even larger losses.

Question 6.—Did patient's drinking affect his general health? If so, how?

The first part of this question was answered in the affirmative for 226, or 35.9 per cent, of the ascertained cases of the 1920–1923 group. The corresponding figures for the 1936–

TABLE 9.—LOSS OF EMPLOYMENT, FIRST ADMISSIONS OF 1920–1923

Type of alcoholic psychosis	*Total*			*No loss*			*Occasionally a day*			*Several days a month*			*Loss of position*			*Indefinite loss of work**			*Unascertained*		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Pathological intoxication....	44	13	57	26	5	31	4	1	5	5	..	5	..	..	..	5	7	12	4	..	4
Delirium tremens.....	50	11	61	27	4	31	5	1	6	6	..	6	1	..	1	8	4	12	3	2	5
Korsakow's psychosis.....	46	12	58	19	7	26	2	..	2	6	..	6	4	..	4	11	2	13	4	3	7
Acute hallucinosis.....	252	38	290	125	17	142	29	..	29	35	3	38	13	1	14	30	11	41	20	6	26
Alcoholic deterioration.....	23	14	37	5	6	11	1	2	3	..	..	..	3	1	4	12	4	16	2	1	3
Paranoid states.....	82	11	93	38	7	45	4	..	4	6	..	6	5	..	5	23	3	26	6	1	7
Confusional states.....	11	5	16	7	1	8	2	..	2	1	2	3	..	..	..	1	2	3	..	..	..
Other types.....	36	14	50	21	7	28	5	1	6	2	..	2	1	..	1	4	5	9	3	1	4
Total	544	118	662	268	54	322	52	5	57	61	5	66	27	2	29	94	38	132	42	14	56

* Includes neglect of home.

TABLE 10.—LOSS OF EMPLOYMENT, FIRST ADMISSIONS OF 1936–1937

Type of alcoholic psychosis	*Total*			*No loss*			*Occasionally a day*			*Several days a month*			*Loss of position*			*Indefinite loss of work*			*Unascertained*		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Pathological intoxication....	120	23	143	31	6	37	5	..	5	3	1	4	11	4	15	17	6	23	53	6	59
Delirium tremens.....	211	41	252	83	14	97	2	3	5	9	..	9	29	..	29	34	13	47	54	11	65
Korsakow's psychosis.....	127	50	177	37	13	50	..	..	..	2	3	5	19	4	23	33	21	54	36	9	45
Acute hallucinosis.....	294	54	348	126	23	149	4	..	4	8	1	9	36	8	44	65	11	76	55	11	66
Alcoholic deterioration.....	188	63	251	49	22	71	..	..	..	5	2	7	39	4	43	46	26	72	49	9	58
Paranoid states.....	125	24	149	58	3	61	3	..	3	1	..	1	20	1	21	23	12	35	20	8	28
Confusional states.....	123	29	152	68	11	79	..	..	..	3	..	3	16	2	18	29	5	34	7	11	18
Other types.....	81	33	114	31	12	43	3	..	3	1	1	2	13	3	16	24	11	35	9	6	15
Total	1,269	317	1,586	483	104	587	17	3	20	32	8	40	183	26	209	271	105	376	283	71	354

1937 group was 536, or 37.1 per cent. In 1914, the percentage was 40.1.

A large proportion of the patients of all three groups were afflicted with physical disorders, many of which were of long standing. The extent to which alcohol caused, or contributed to, these disorders cannot be definitely determined.

Question 7.—Has patient had delirium tremens? If so, how many times?

Tables 11 and 12, page 122, give the tabulated data.

Reliable information concerning the occurrence of delirium tremens was obtained in 597 cases of the 1920–1923 group and in 1,457 cases of the 1936–1937 group. A negative history of the disorder was obtained in 457, or 76.5 per cent, of the 1920–1923 group, and in 1,028, or 70.6 per cent, of the 1936–1937 group. A positive history was obtained in 140, or 23.5 per cent, of the former group, and in 429, or 29.4 per cent, of the latter group.

Of the 140 positive cases of the 1920–1923 group, 101 had had one attack, 23 had had two, 7 had had three, and 9 had had more than three attacks. Of the 429 positive cases of the 1936–1937 group, the numbers with one, two, and three or more attacks were 349, 29, 23, and 28, respectively.

Question 8.—Has patient had previous attacks of alcoholic mental disease?

Information concerning previous attacks of alcoholic mental disease was obtained in 648 cases of the 1920–1923 group and in 1,561 cases of the 1936–1937 group. The question was answered affirmatively in 81 cases of the former group and in 221 cases of the latter group.

Question 9.—Did patient use drugs? If so, specify kind and extent of use.

The habits of the patients with respect to the use of narcotic drugs were ascertained in 639 cases of the 1920–1923 group and in 1,549 cases of the 1936–1937 group. The drug users comprised 17 males and 11 females of the former group and 29 males and 27 females of the latter group. It is apparent from the data that drug addiction was not a common accompaniment of the alcoholic addiction and was not a large factor in the development of the alcoholic mental disorder.

TABLE 11.—FREQUENCY OF DELIRIUM TREMENS, FIRST ADMISSIONS OF 1920–1923

Type of alcoholic psychosis	Total			At least once			Twice			Three times			More than three times			Not at all			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Pathological intoxication....	44	13	57	5	1	6	2	..	2	..	..	..	2	..	2	31	10	41	4	2	6
Delirium tremens.....	50	11	61	42	11	53	5	..	5	1	..	1	2	..	2	..	..	..	..	..	..
Korsakow's psychoses.....	46	12	58	5	1	6	2	..	2	..	..	..	..	..	..	28	9	37	11	2	13
Acute hallucinosis.....	252	38	290	16*	5	21	11	..	11	4	..	4	4	..	4	198	27	225	19	6	25
Alcoholic deterioration.....	23	14	37	3	..	3	1	..	1	..	..	..	..	..	..	15	10	25	4	4	8
Paranoid states.....	82	11	93	4	1	5	..	1	1	1	..	1	..	..	..	67	9	76	10	..	10
Confusional states.....	11	5	16	2	1	3	..	..	..	..	..	..	..	..	..	9	4	13	..	..	..
Other types.....	36	14	50	2	2	4	..	1	1	1	..	1	1	..	1	29	11	40	3	..	3
Total	544	118	662	79	22	101	21	2	23	7	..	7	9	..	9	377	80	457	51	14	65

TABLE 12.—FREQUENCY OF DELIRIUM TREMENS, FIRST ADMISSIONS OF 1936–1937

Type of alcoholic psychosis	Total			At least once			Twice			Three times			More than three times			Not at all			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Pathological intoxication....	120	23	143	9	1	10	..	..	..	1	..	1	4	..	4	88	20	108	18	2	20
Delirium tremens.....	211	41	252	190	38	228	10	..	10	6	2	8	5	1	6	..	..	..	..	..	..
Korsakow's psychosis.....	127	50	177	13	5	18	2	..	2	4	..	4	3	..	3	77	32	109	28	13	41
Acute hallucinosis.....	294	54	348	33	6	39	9	..	9	5	..	5	6	..	6	221	45	266	20	3	23
Alcoholic deterioration.....	188	63	251	22	10	32	3	1	4	2	1	3	1	1	2	147	43	190	13	7	20
Paranoid states.....	125	24	149	9	1	10	1	1	2	1	..	1	2	1	3	103	21	124	9	..	9
Confusional states.....	123	29	152	5	..	5	..	..	..	1	..	1	3	1	4	107	26	133	7	2	9
Other types.....	81	33	114	6	1	7	2	..	2	..	..	..	..	..	..	68	30	98	5	2	7
Total	1,269	317	1,586	287	62	349	27	2	29	20	3	23	24	4	28	811	217	1,028	100	29	129

Question 10.—Was alcohol the principal or a contributory cause of the patient's mental disease?

Alcohol was reported as the principal cause of the patient's mental disease in 633 of the 649 ascertained cases of the 1920–1923 group and in 1,535 of the 1,570 ascertained cases of the 1936–1937 group.

A further question as to the cause of the patient's inebriety was asked, but the information obtained was not considered adequate for tabulation.

Comment and Conclusions

From the data presented in this paper, the following conclusions seem warranted:

1. The onset of alcoholic mental disease, as a rule, occurs only after several years of excessive drinking. The period for male patients averages about twenty-two years and for female patients about fifteen years.

2. The average age of alcoholic patients on admission to a state mental hospital is approximately forty-five years. The fact that alcoholic mental disease occurs in the most productive period of life adds greatly to its economic and social significance.

3. Whisky and beer are the principal beverages that cause alcoholic mental disease. Of the two, whisky, either alone or in combination, is by far the more potent factor.

4. Alcoholic mental disease may result either from regular or from periodic drinking. Of the patients included in this study, nearly 70 per cent were regular drinkers.

5. A fixed habit of excessive drinking with frequent intoxication preceded the onset of mental disease in the great majority of the cases studied.

6. Reduction of efficiency in employment and loss of position commonly precede the onset of alcoholic mental disease.

7. Impairment of physical health frequently results from excessive drinking prior to the onset of the mental disease.

8. A history of delirium tremens was obtained in 23.5 per cent of the 1920–1923 group and in 29.4 per cent of the 1936–1937 group.

9. The use of drugs is not an important factor in the causation of alcoholic mental disease.

10. Alcohol was reported as the principal etiological factor in 633 of the 649 ascertained cases of the 1920–1923 group and in 1,535 of the 1,570 ascertained cases of the 1936–1937 group.

11. No striking differences are noted in the use and effect of alcohol in relation to the mental disease of the two groups studied. The smaller annual number of alcoholic first admissions in the years 1920–1923 probably was the direct result of a reduction in excessive drinking.

M. ERNEST TOWNSEND

DR. M. ERNEST TOWNSEND, President of the New Jersey State Teachers College at Newark, died on December 21, 1939. The cause of death was cerebral hemorrhage, which occurred after several years of recurrent attacks of nephritis that would have made work impossible except for Dr. Townsend's enthusiasm for education and his zeal to develop the opportunities for service offered by his administrative position and by his numerous professional connections.

His appointment in 1929 as principal of the New Jersey State Normal School at Newark gave Dr. Townsend the opportunity he desired to develop a progressive program of professional training for teaching. Under his direction, the Normal School extended its course from two years to three years, and then to its present status of a four-year college course leading to the bachelor degree.

Dr. Townsend recognized the wide responsibilities of the teacher of children and the extent of professional training needed to give teachers a greater assurance of success in their important work. He was convinced that a five-year teachers-college course was essential, and he was definitely working toward that goal at Newark.

Dr. Townsend's major contribution to teacher education and his major interest was in the field of student personnel. In 1932, Columbia University published his study, *The Administration of Student Personnel Services in Teacher-Training Institutions in the United States.* He directed several other extensive studies of student-personnel services, bringing to them the point of view and the perspective developed through his administrative responsibilities for the student-personnel program at the Newark Teachers College, and bringing back to his own program the more critical judgment that his study of other programs had developed.

In his own institution Dr. Townsend emphasized the "personnel" approach to all the problems of the college. Democracy in the relationship between administration and faculty, selection of students, academic failures, intercollegiate athletics were all "personnel" problems to be treated on the basis of the personality needs of those involved. He reserved for his own thoughtful handling the difficult task of insuring that the "flunking out" of a student should truly be the guidance of such a student into some other educational or vocational replacement, with educational benefit to the student from the experience. He took particular satisfaction in conducting a "disciplinary interview" with a student in such a way that at its conclusion the student felt more confident than ever of the president's friendly interest and regarded with greater maturity his own responsibilities as a teacher-in-training.

Dr. Townsend made a point of his easy accessibility to students and faculty. He believed that "good personnel" called for a relationship of friendly informality between faculty, students, and administration.

In full accordance with his philosophy of administration was the "personnel cabinet" organized under his chairmanship, to supervise the efficient functioning and the constant improvement of the personnel program of the college. Arguments and defensive behavior were through his example and influence alien to these comfortable meetings in which "anything" could be discussed because all problems were problems of "personnel."

BRUCE B. ROBINSON

BOOK REVIEWS

NEW WAYS IN PSYCHOANALYSIS. By Karen Horney, M.D. New York: W. W. Norton and Company, 1939. 313 p.

Shortly after Freud published his theory of the life and death instincts, it became clear that the analytic world was going to split into at least two camps in accordance with whether or not an ideological system had to be taken seasoned with the religious emotion of conviction. It was obvious that only a few analysts would be able to follow Freud in suspending judgment and investigating the theory for what it was worth. To Freud, apparently, the theory was the only adequate resolution (although not based on observation) of a theoretical impasse resulting from certain initial presuppositions. He had to leave to others the determination of whether this was the case. So far few analysts have had the temerity to attempt this task, which calls for some ability and training as a logician. At last one such attempt has come in hand in Karen Horney's *New Ways in Psychoanalysis.*

The author has a wide and long analytic experience and any book by her should be interesting reading, but she is not a logician and the task set in this book is essentially one of logic. Its ostensible thesis—that Freud's "underlying observations of great keenness and depth are robbed of their constructive value because of their integration into an unconstructive theoretical system"—calls for some knowledge of logical technique and the avoidance of at least elementary fallacies in thinking. Dr. Horney's presentation is confused and inconsistent and almost any page will show an attempt to reason with ambiguous words and the use of the *petitio principii.* The fault is the greater since the book is apparently addressed to the undiscriminating lay public.

The book surveys in turn various of the fundamental concepts of psychoanalysis. It does this on the basis of a quite inadequate historical account and brings to bear in criticism arguments based neither on new observational material nor on logical relevance. Let one sample of the method of presentation serve for many. In her chapter on the "ego" and the "id," she begins with Freud's statement that neurotic conflicts occur between the ego and the instincts. *She* assumes this to mean that the ego is different from and opposed to the instincts. She goes on to show that Freud himself has included in the ego many things either directly instinctive or derived from

the instincts. "Hence Freud's 'ego' is not the opposite pole to instincts, because it is itself instinctual in nature." This is surely a *non sequitur*. There are many examples of opposition and conflict between an organized system and an element of that system. As Dr. Horney continues in the next sentence, "It is rather, as he himself has declared in some writings, the organized part of the 'id,' the latter being the sum total of crude, unmodified instinctual needs." If this bit of reasoning proves anything, it is that assumption of the non-instinctive nature of the ego was unjustified in the first place. But this is not the conclusion drawn. Instead, Dr. Horney tells us that Freud's system is unconstructive. She fails to note the historic fact that Freud's statement about conflicts was not a theoretical conclusion, but the formulation of an initial observation in which he made no specifications as to what the ego might be. It was simply what the patient meant when he said: "I am in conflict with such and such an impulse."

Probably what Dr. Horney is quarreling about in this example is the word "instinct." It originally meant, like the German word "*Trieb*," simply "impulse," "urge," "drive." In English it has come to have objectional connotations of heredity, and so forth, but even worse from Horney's standpoint, Freud has substituted for his original biological concept of urges his later "metaphysical" concept of the "life and death instincts." The fact that such a change in the meaning of the word has taken place is nowhere made very clear in the book, nor is it clear which usage Dr. Horney objects to. In practice she seems to quarrel with the words in which Freud's theories are stated rather than with the theories themselves, which she seems to accept in spite of the pronouncement quoted above. For "instincts" she would substitute the term, "neurotic trends," but this is question-begging of the worst sort, hiding just the problem to be investigated.

And what becomes of the "keen observations" to which she gives such value? It will be remembered that the idea of the repetition compulsion grew out of observations made on dreams in war neuroses many years after the formulation of the major doctrines of the Freudian system. To this system it seemed a contradiction, calling for a revision, which Freud made and which led him eventually to the life and death instincts. Horney reports the situation thus (p. 138): "Freud formulated his hypothesis of repetition compulsion later than his theories of fixation, regression, and transference, which belong to the same category. To him it must have appeared like a theoretical formulation derived from clinical experience. Actually, however, the experience itself, or rather his interpretations of his

observations, were already determined by the same philosophical premise which is expressed in the concept of the repetition compulsion." Evidence? None! And again (p. 147): "Of course grossly traumatic incidents may leave their direct traces, as is indicated by some of Freud's early case reports. But as a result of the presupposition contained in the concept of repetition compulsion an all too generous use is made of such rare possibilities. That these isolated incidents which are reported to be responsible for extensive later character trends or symptoms are of a sexual nature—such as observation of the parents' intercourse, birth of siblings, humiliations or threats because of masturbation—is due to the premises given in the libido theory."

If, as seems to be implied, it is true that Freud consciously or unconsciously worked out his theoretical system and then made the observations to confirm it—which is not confirmed by a survey of Freud's publications—a book devoted to establishing and investigating such a state of affairs would indeed have been a contribution to the psychology of the intellectual processes. Instead of this, we have merely another book.

GEORGE B. WILBUR.

South Dennis, Massachusetts.

THE LANGUAGE OF THE DREAM. By Emil A. Gutheil, M.D. New York: The Macmillan Company, 1939. 255 p.

Dr. Gutheil is a pupil and an avowed follower of Wilhelm Stekel, one of the outstanding colleagues of Freud in the early days who later turned away from some of the more conventional views and methods of psychoanalysis. At the same time, Dr. Gutheil has managed to remain a firm supporter of the basic principles of the Freudian system, and his writing is largely free from the destructive criticism so often manifested by those whose interests and emphasis have diverged from those of the founder.

The book has two major functions: the first is the study of dreams as psychic phenomena and the second is an attempt to shorten the duration of psychoanalytic treatment by greater activity on the part of the therapist, in particular through the direct use of dreams. So far as the first function is concerned, the volume contains much to be commended. It is well written, well arranged, and thoroughly documented, and it presents an enormous amount of dream material in readable form, with elimination of nonessentials.

On the theoretical side, in considering the function of the dream, its mechanisms, the dream work, and so forth, the author follows strictly the leadership of Freud. In practical application, however, the emphasis throughout is on manifest dream content and its

symbolic meanings, with the hope of reducing thereby the amount of associative procedure necessary to arrive at latent and unconscious significance. To supplement the text there are many carefully prepared diagrams and drawings, and there is an extensive bibliography and glossary. This book represents one of the most extensive works upon the dream outside of Freud's basic volume, *The Interpretation of Dreams*. Its major emphasis on symbolism, however, gives it a one-sided significance and places it in a position of special and supplementary importance so that it can in no way substitute for more fundamental works on the subject.

The second purpose of the book is to advocate a more direct use of manifest dream content in therapy. There have been various attempts to shorten the duration of psychoanalytic treatment, so far without extensive results. Important allied methods of psychotherapy have been developed, but systematic analysis, as the most thoroughgoing attempt to investigate and reconstruct the unconscious mind, remains a long-time proposition. Most psychoanalysts will sympathize with the author's attempt to speed up procedure and will admit some basis for his criticism of a too-passive therapy, but at the same time they will find much with which to disagree in his major thesis, and will note some outstanding defects in his presentation. For the rank and file of analysts, one of the most important of the pitfalls in their work is a temptation toward the standardization and translation of symbols such as are advocated in the present volume. Added to this the author shows a reliance on the intuitive insight of the therapist without that verification by objective data which must be essential for a method that claims scientific validity.

A reader not otherwise informed would get from this book a distorted conception of modern psychoanalytic therapy. For one example, it is not the custom for analysts to take so passive a rôle as Dr. Gutheil implies. In fact, there is no fixed procedure, and it must be varied according to the problem and the individual. A compulsive neurotic, for instance, requires far different management from that suitable for an anxiety hysteric. Again, it is not by any means true that the use of dreams is the only method of investigating the unconscious mind, as might be inferred from reading this book. On the contrary, dreams take their place among other psychic productions of the patient, including phantasies, memories, symptoms, transference phenomena, and current situations of external life.

It should also be understood that the primary goal of modern psychoanalysis is not to unearth unconscious conflicts, but to remove the resistances that keep these neurotic components separate from the more mature features of the personality and thereby permit them

to exercise a determining and pathological influence on mental adjustments. Many of these resistances are habitual types of defense built into the ego structure; some are open to fairly superficial approach, others are deeply entrenched. A translation of dream symbols, even if no error creeps in, may do no more than confirm intra-psychic situations already clearly established. To most analysts the dream has a more important service, which is to enable both analyst and subject to gain deeper insight through the associative material, and this often leads to topics far away from the original dream content. In other words, the dream serves two functions: first, and infrequently, its disguises may be penetrated and its unconscious meaning laid bare by direct interpretation; second, and far more important, it offers a useful starting point for free association.

The laboratory and experimental type of association in general which Gutheil particularly depreciates usually plays but a small part in analysis. Instead, the patient learns to talk about whatever is in his mind with a minimum of selection or exclusion, and dreams are a part of this content. This procedure of uncensored talk is free association in the analytic sense. By listening to this material, the analyst is able to grasp underlying motives and principles that are hidden from the subject. As these hidden forces are appropriately revealed, there results little by little an increase in the patient's comprehension and control of his deeper mental life. In general, an individual's associative productions in analysis may be divided into two groups. In one there is a constructive tendency to reach by roundabout routes vital and central problems in the psychic life that are inaccessible to direct approach. Here the analyst's function is to encourage the process and to interpret results. The other type of free association has an opposite motive and is chiefly directed to the service of defense, again with the subject unaware of what is going on. In such a case, the analyst's part is to make these defenses clear and thereby diminish their strength.

Dr. Gutheil correctly points out that Freud has deplored the fact that in contrast to other fields so little work has been done on the important subject of dreams to supplement his own original contributions. The work of Stekel and Gutheil on their particular topic of symbolism may be welcomed as a successful attempt to extend the knowledge of this important subject. It is to be regretted that in the present volume special emphasis on this aspect of the dream limits the broader usefulness of the work for members of the psychoanalytic and allied groups.

MARTIN W. PECK.

Boston, Massachusetts.

THE VOLUNTARY MENTAL HEALTH SERVICES: THE REPORT OF THE FEVERSHAM COMMITTEE. London: The Feversham Committee, 1939. 268 p.

This report gives an historical and up-to-date review of the voluntary mental-health services of England and Wales, with much discussion of the possibilities of improving them. It is an admirable document, largely conceived along the lines of what in this country we would term the mental-hygiene movement.

The report is the result of the work of a distinguished committee, made up mostly of professional people. The leading spirit in the enterprise has all along been the Earl of Feversham, whose interest in these matters is far from being academic. Like many another Englishman, he has brought to public service the influence of name and position. But in his case interest stems from actual experience in field work. Under a pseudonym Lord Feversham served as a probation officer and learned to know the needs of people and the weaknesses of existing institutions. Though still only in his mid-thirties, he has been until very recently a parliamentary secretary, and is now President of the National Association of Probation Officers and of the Council of the London Child Guidance Clinic. It is very evident that the report is permeated by his spirit.

There is no need here to give an account of the various organizations that in Great Britain have made efforts to deal with the out-patient and hospital treatment of mental disorders, the community care of mental defectives, and the treatment of delinquency, and to organize child-guidance clinics and public education for mental health. It is very evident that these services have been disjointed and haphazard, and sometimes have provoked unfortunate rivalries. The aim of the Feversham committee has been to offer a working plan for bringing together all the existing bodies, in order that there may be a more efficient national service. It is proposed that there be a central coördinating body under the name of the National Council for Mental Hygiene.

It is worth taking note of some of the features of the clearly phrased recommendations, other than those relating to the coördinations that are of special interest only in connection with conditions in Great Britain. The public support of out-patient clinics for the prevention and early treatment of mental disorder is strongly urged, with much emphasis upon adequate provisions for psychotherapy. The policy underlying the establishment of such clinics is much the same as ours.

Very noteworthy is the recommendation that the "Mental Deficiency Acts should adopt the criterion of social inefficiency, and omit

all reference to educational incapacity." Educational retardation in itself should be a matter for the school authorities. Notification to the mental-deficiency authority evidently is to be applied only to those children in public elementary schools who are found to be "socially defective." Children who are merely difficult to educate should be trained in special schools or classes or occupational centers or even in special institutions.

The problems of delinquent behavior should be met by organized public education as to the causes of such behavior. Parents must be made aware of "the contribution made by their own emotional attitudes." In remand homes the services of a psychiatrist should be made available, to insure that psychological factors are not neglected. The use of probation hostels and residential homes, so widely advocated at present in Britain even under the new Criminal Justice Bill, is highly recommended by this committee, with the proviso that there be supervision of the environment by a psychiatrist—"mere residence and vocational training are not enough." "In the provinces the treatment of delinquency should be part of the general mental-health services."

All this shows the awakening of a new spirit, which, we may flatter ourselves, is certainly largely the result of the development of our own conceptions of a mental-hygiene service.

Even more closely following our methods are the recommendations as to the establishment of child-guidance clinics. Local authorities are urged to set up or to assist a voluntary agency in developing child-guidance centers. The central organization should demonstrate throughout the country the need for such services. Parent-teacher organizations, traveling clinics, and psychologists in school systems are recommended. The child-guidance clinic should be prepared to undertake vocational guidance.

The need of trained social workers and of courses for their training is emphasized, with recommendation of a single minimum standard and a national qualification. It is felt that educated and intelligent women can be recruited for this work only if there is professional recognition of their status and prospect of an adequate salary. The level of social work can be raised only if its importance is recognized.

The central coördinating body will be undertaking a splendidly planned service. The organizations that it is to be hoped will be amalgamated have considerable funds, but not enough to cover the national requirements. Great appreciation is expressed to the Commonwealth Fund for its earlier support of the London Child Guidance Clinic and more recently of the Child Guidance Council, which has been so effective in establishing other clinics and in spreading the general concept of mental hygiene.

We may add that the breakdown of all this under the present crisis is terrible to contemplate. The child-guidance clinics are not functioning, and the probation and mental-health services are hardly at work at all, while Feversham, we learn, is off somewhere with his regiment. Only the war counts. May the day soon some when all the fine things planned by this committee may come to fruition.

WILLIAM HEALY.

Judge Baker Guidance Center,
Boston, Massachusetts.

CHILDREN FROM SEED TO SAPLINGS. By Martha May Reynolds. New York: McGraw-Hill Book Company, 1939. 337 p.

In this work Martha Reynolds has presented us with a unique guide for the study of children. In contrast to most of the texts in psychology, child development, and education, with their extreme specialization, this compact little volume takes up each stage of development from the germ cell before fertilization to the problems of the late adolescent.

In an attempt to cover so vast a field, no penetrating or exhaustive analysis of the various steps in development could be made. Thus, the book has value only as an outline for the advanced student. It should, however, be extremely useful as a text in an introductory course in child study designed for the secondary-school level.

In spite of the oversimplification of material, Miss Reynolds has consistently stressed certain salient factors in the study of children. Her main thesis—growth of the organism as an integrated process—is constantly in the foreground and is vividly illustrated by examples taken from all ages. Although, for convenience, she has divided the life span into small age groupings, she merges the adjacent stages in describing them, so that growth is seen as a continuous process.

The period from conception to the eighteenth birthday is divided and sketched in eight chapters. Additional references for the particular age grouping under discussion follow each chapter, thereby enlarging the field for the reader who is not familiar with the literature. The appendix includes, among other subjects, "Suggestions for Interviewing," "Techniques for Studying Children," and an exceptionally well-planned "Suggested Outline for a Child Study Course" designed for a thirty-week class period. The course, as planned, would be valuable in classes for mothers or students interested in a non-technical presentation of the child's development.

The author's informality of style and real understanding of the principles of growth should place *Children from Seed to Saplings* on the required reading list for mothers and for "future mothers" in the classrooms.

RUTH KRAINES.

University of Chicago.

PARENTHOOD IN A DEMOCRACY. By Margaret Lighty and Leroy E. Bowman. New York: The Parents' Institute, 1939. 236 p.

Robert E. Simon was an excellent example of a civic-minded man. This volume, a publication of the Robert E. Simon Memorial Foundation, may be regarded as descriptive of his personality in action and achievement, indicating the basis of his efforts and the logic of his purpose.

Part I is a history of the United Parents Associations of New York City; Part II, an analysis of the philosophy of parent-education organization. Both were written by former members of the professional staff. The foreword, by William H. Kilpatrick, discusses the relation of parents to children at home and at school, and the need for better home-school coöperation through the medium of a parent-teacher association. Community relationships are clarified, with the parents as supporters and the teachers as employees, but both functioning in the interest of the young.

The study reveals the possibilities of parental participation in the promotion of pupil welfare, as illustrated by the service of the United Parents Associations of New York City. It indicates the value of coöperative adjustment in a world in which changing economic hazard and social uncertainty make it difficult for citizens to understand and to meet the inevitable problems of public education.

Miss Lighty gives an excellent picture of life in the metropolitan area, in terms of organization and opportunities, and an adequate description of the development of the United Parents Associations from 1921 to 1937. She omits reference to the stimulation of parent-teacher associations by the New York Board of Education prior to the political stresses incident to consideration of the Gary plan.

A voluntary parents' association, democratized with a delegate assembly, was an outstanding accomplishment. It facilitated sane community action, intensified parent education, made provision for training in leadership, and formulated intelligently specific problems to be solved by educators, parents, and teachers.

Mr. Bowman discusses the benefits of parental participation and the advantages of mutual support by parents and teachers. He reveals the philosophy of frankly debating differences to secure their

solution, the advantages of investigation and report, and the benefits of unified parental action. In discussing democracy, Mr. Bowman omits reference to Russia, although he speaks of the limitations of Germany, Italy, and Japan. Hitler is mentioned by name as a horrible example, but there is no reference to Stalin. This may be merely an inadvertence, but it is a striking omission in a discussion of "undemocratic procedures in certain quarters of the globe."

The philosophy of preserving the autonomy of special organizations, with a retention of primary unity, is rational, as is the emphasis upon parental responsibility for the world of childhood. The fostering of ideas and ideals in education, the encouragement of educational originality and parental enlightenment, are natural functions of parent-teacher organizations. Attention to these goals should promote progress in education, even though the "progressive" methods of to-day may later prove inadequate. It is beyond doubt that the potentials of social progress exist in the coöperation of like-minded people, unified by parenthood and a common citizenship.

This book should be exceedingly useful for those who are endeavoring to interpret the communal aspects of mental hygiene, particularly in the field of education.

IRA S. WILE.

New York City.

BABIES ARE HUMAN BEINGS. By C. Anderson Aldrich, M.D., and Mary M. Aldrich. New York: The Macmillan Company, 1938. 128 p.

This little book, based on the broad experience of a pediatrician, has received much favorable comment which it merits not because it offers new material, but because it presents a fresh point of view. Instead of the usual instructions on what to do and when, it suggests a sort of working plan for understanding what the child needs and when. In an interesting and convincing way, it directs attention to an appreciation of the all-importance of growth needs—both physical and psychological—as the determining factors in every plan for child care. The child is pictured, not in various stages of development as has so often been done, but as an individual so much a part of his past and his future that his present is no more than an elusive moment in the dramatic progress of development. Each of these moments can be seen as a flash of readiness when a child's growth tendencies make him sensitive to certain impressions presented by those who care for him.

Dr. Aldrich leaves no room for doubt as to the need for more careful consideration of the infant as a person, with his own peculiar

ways of seeing things and of responding to them. His theory should eliminate much frustration on the part of parents who set up arbitrary training standards, and much rebellion on the part of infants subjected to schedules which do not meet their needs, by providing that such programs parallel the growth of each child, taking into consideration the general development of reflexes and behavior patterns common to all infants and, in addition, allowing for the individual variations so readily recognized at later ages and so frequently disregarded in the very young.

Infancy emerges from these pages as a period of orderly unfolding in which the physical and mental attributes are too closely associated to be thought of, much less treated, separately. One visualizes the ever-progressing struggle between the child's expression of expanding needs and the repressive social demands of the community.

The book has the advantage as well as the disadvantage of presenting material that leaves much to interpretation. Read by parents whose own emotional needs are well taken care of, it should do much to release them to use their mature judgment in sensing in the infant the fleeting periods of readiness to conform to social demands, and in planning a flexible training program free enough from frustration to allow both parents and child to enjoy a more satisfactory relationship. Where, however, parents are themselves in need of some supporting structure to bridge emotional gaps, this intuitive fitting of the schedule to the child may easily result in a misfit, based on a confusion of the parents' and the child's desires. Such a plan may lack the warmth of real understanding of the child's needs, so that he will fail to have either the satisfaction based on adequate emotional relationships or the sense of security provided by the consistency and regularity of a more specific program.

DOROTHY E. HALL.

Infant Welfare Society of Chicago.

UNDERSTANDING OUR CHILDREN. By Edith Read Mumford. New York: Longmans, Green, and Company, 1937. 233 pp.

In a foreword to this book, Dr. Garry Cleveland Myers has pointed out that the author drives home each salient point with carefully selected stories of real children. He continues, "She seems to possess an almost uncanny insight into the child's mind and feelings." One might add: "She knows how to get along with them."

Hers is a plea for greater sympathy and understanding in the whole matter of child care and training. She depicts many of the little episodes and incidents of child behavior that occur in any home and that usually demoralize the parents, and shows, through

her excerpts of case material, how what the child is experiencing becomes a factor in the development of his behavior. Through the use of such understanding, a better discipline is possible, a happier issue out of the annoying episode.

Parents can gain much from this volume through the perspective on their own past experiences. It may bring them greater thoughtfulness, to the point of realizing some of their own emotional turmoil as a factor in the discipline that they deal out to their children. This will be of value. Yet the fact remains that, in the everyday home, such things as "pulled up carpets and scratched floors" do become matters of moment not always easy for the parents to overlook. The lessons incorporated in the chapters *How the Child Mind Grows, Creative Power of Imagination, Conduct,* and *Self-Control,* will, however, help parents to realize that far too often they themselves make issues out of trivial incidents. There are, too, some most helpful concrete suggestions for parents in the chapter, *The Child's Right to Inquire.*

The author points out that "many ask her why the children were so responsive to treatment. What if they had refused?" This, I feel, would be a logical question of many parents, who would likewise add, "These methods will not work in the home." Dr. Mumford's response—namely, "It is a matter of kindly consideration and sympathy in little things"—is undoubtedly the answer. This is where so many parents, carefully protecting their own interests, fail, in that consideration of the child comes usually as an afterthought.

For nursery-school teachers, this volume will have many familiar scenes. The treatment techniques reviewed will prove helpful toward the end of that greater understanding so essential to good child guidance.

EVERETT S. RADEMACHER.

New Haven, Connecticut.

PSYCHOPATHIC STATES. By D. K. Henderson, M.D. New York: W. W. Norton and Company, 1939. 178 p.

This book, whose author is professor of psychiatry at the University of Edinburgh, and Physician Superintendent of the Royal Edinburgh Hospital for Mental and Nervous Diseases, is the fifth in the series of Salmon Memorial lectures, and its aim, like that of its predecessors, is "to focus attention on a group of struggling humanity who constitute one of the greatest of our social problems." The attention desired is that of the public, the legal, and the medical profession, all of whom have, or should have, a definite interest in the important subject here presented. All who have had that interest heretofore—

all who realize the vastness of the problem and "the intricacy and delicacy of the issues involved"—have no doubt been on the watch for a book that would yield at least some satisfaction and not leave the weary and anxious searcher either lost in a maze of vague generalizations or hopelessly tangled up in classifications that, because of detail and attempted fine distinctions, simply becloud further the situation that was to be clarified. A presentation in which "conviction, firmness, and modified optimism" are evident will be welcomed. The fact that many things are taken for granted, and that the view is broad, will not be considered amiss.

Orientation is appropriately the first matter to receive attention. The need for a dynamic approach is stressed. While we object to the terms "moral insanity" and "moral imbecility," Pritchard, of Bristol, who used them for the first time, must be given credit for a description of psychopathic states that pretty well covers the ground as we now recognize it. His formulation underwent a process of "improvement" at the hands of a number of authorities. Confusion worse confounded would appear to have been the result of much of this "improvement." Things were included that should not have been included, and the process of erecting a classification that would have a place for each of the multitudinous variations went merrily on. Esquinol, Pinel, Rush, Ray, and others contributed, but unduly impressed by the facultative psychology of their time, they failed to think in terms of the total personality. Many of the pronouncements failed of credence by the laity, by members of the Bench and the Bar, and even by medical men who, brought up on the doctrine of a special moral sense, looked upon any infringement on such doctrines as worse than fatuous.

We have become rather accustomed to a definite belittlement of Kraepelin's work, and it is refreshing to note something in the way of redress. Kahn's rather elaborate, and none too practical, classification is dealt with, and Partridge's sociological approach receives notice. There is comment upon the many factors—anatomical, biochemical, or metabolic—that influence conduct, and an appeal for the broad, inclusive viewpoint of Hutchison's constitutional medicine and Adolf Meyer's psychology.

Having done adequate justice to what has been attempted in the past, the author proposes a tripartite classification that has the merit of simplicity and yet is reasonably adequate. Illustrating his major types with interesting case histories, he directs attention to the problems of suicide, alcoholism, drug addiction, sex variation, and so forth—the great group of behavior variants that are so interesting and yet so difficult to deal with in a really satisfying way.

The final section, *Social Rehabilitation,* is devoted to an attempt to formulate etiology and to the reënunciation of the New Hippocratic standpoint—the necessity for some system of diagnosis and treatment that will envisage the total human unit.

The book does not pretend to provide detail. The aim is a broad view—an effort to get away from the too fine dissection that so far has been singularly sterile. It represents a worth-while attempt, and those who had not the privilege of hearing the lectures will be glad that they are here preserved in permanent form.

A. T. Mathers.

Psychopathic Hospital, Winnipeg, Canada.

The 1938 Year Book of Neurology, Psychiatry, and Endocrinology. By Hans H. Reese, M.D., Harry A. Paskind, M.D., and Elmer L. Sevringhaus, M.D. Chicago: The Year Book Publishers, 1939. 776 p.

For a brief survey of the neuropsychiatric-endocrinologic literature of 1938, the Year Book remains an adequate organ. Size, authorship, and organization of the 1938 edition are the same as those of preceding years.

In the field of neurology, further advances are recorded in the correlation of structure and function. Continued work with the electro-encephalogram has led to valuable new facts about epilepsy (paroxysmal cerebral dysrhythmia) and is proving to be an adjunct in the localization of intracranial lesions. The use of sodium diphenylhydantoinate (dilantin) in the treatment of convulsive disorders, symptomatic drug therapy (quinine and prostigmin) in so-called primary muscular disorders, and the value of the sulphanilamide group in combating certain bacterial invasions of the central nervous system are arresting topics.

The material gathered in the field of psychiatry is brief, no outstanding contributions having been made except for the continued compilation of "shock therapy" results in schizophrenia. Vitamin therapy in avitaminotic delirious states is recorded as more effective as a result of the availability of potent "specifics."

Dr. Sevringhaus' foreword is valuable as it summarizes well the advances in the endocrinologic year, stressing the relative impotence of extracts, which deficiency is remediable. To quote: "The medical profession can secure better preparations if its members insist on them." The use of dihydrotachysterol (A. T. 10) in the treatment of tetany stands out as a definite clinical advance. The use of protamine insulin in diabetes and the clinical trials of testosterone propionate are noteworthy abstracted data.

This Year Book, like its predecessors, is an excellent guide to all who wish succinct information on three fast-changing spheres of medicine. The organization of material and the size of the print make it easily readable, well adapted to quarter-hour "snatch reading."

JOHN W. EVANS.

Portland, Oregon.

PROBLEMS IN PRISON PSYCHIATRY. By J. G. Wilson, M.D., and M. J. Pescor, M.D. Caldwell, Idaho: The Caxton Printers, 1939. 265 p.

The authors of this book, each of whom has had several years' experience in psychiatric work in federal correctional institutions, here present a helpful contribution to the literature of a field that is still far from completely cultivated. Although psychiatry has made, and is making, definite headway in the correctional field, in all too many institutions it is still ignored or receives only the most superficial lip service. The federal institutions, which have an excellent psychiatric organization, stand out as exceptional, and even in these much could be done to make the contribution of psychiatry more effective. To this fact the authors, though enthusiastic, are not blind, as they indicate in Chapter 2, entitled, *A Difficult Problem.* Here they discuss the inherent difficulty of changing character or modes of reacting in an environment of regimented confinement.

With regard to the "normal" prisoner, the authors conclude that about one-half of the inmates of federal penitentiaries fall in this group. They comment that "although the normal criminal runs the whole gamut of the crime category, he is less prone to commit crimes of violence than the mentally abnormal."

The chapter on the "feebleminded prisoner" omits reference to the studies made by Myerson and others which cast considerable doubt on the overwhelming rôle of heredity in the causation of mental defect. We are told that "the mental age of the individual is not necessarily a true index of his social adaptability"—a statement that will find ready agreement among those familiar with prison psychiatry. We cannot so readily agree, however, "that the real mental defective is incapable of reform, and no efforts should be wasted upon him in that direction. . . They should . . . never [be] released upon parole unless such parole carries with it competent daily twenty-four-hour supervision and oversight." Such an attitude reminds one of the good Bostonians who twitted Samuel Gridley Howe a century ago on his notion of "teaching idiots!"

The discussion of the psychoneurotic prisoner would have profited

from a somewhat more dynamic approach. To talk of "such personal devils as the Œdipus complex," and of expelling "these complexes by means of mental trephining and mental purging," may generate warmth, but hardly much light. Although later we find reference to "subconscious resorting to infantile levels of behavior," the suggestions as to treatment and approach must be acknowledged to be rather superficial.

The title of the chapter, *The Neuropathic Prisoner,* is unfortunate, but in view of the official promulgation of this term by the American Prison Association, perhaps it cannot be criticized too vigorously. This group is said to include "those individuals who show unfavorable personality and character changes as a result of injury, disease, or intoxication of the central nervous system, those changes falling short of actual insanity [sic!]." In this group the authors include the epilepsies, alcoholism, and drug addiction, in addition to those conditions included by the definition. As for the epileptic, it is certainly inaccurate to say that "Lombroso believed that epilepsy and criminalism were practically synonymous" (p. 176). There is a rather extended discussion of drug addiction as a problem of prison administration. One is left with the feeling that the "neuropathic" group is even more heterogeneous than the "psychopathic."

The chapter on the homosexual prisoner is probably the weakest of the book. Quite aside from the fact that the Freudian concepts relating to homosexuality are ignored, there is a striking amount of moralizing and objurgation which have no place whatever in a serious medical work. The use of such adjectives as "filthy," "vicious," "degrading," and "meretricious," and the dictum that "he who would excuse homosexuality is an enemy of the human race," indicate an emotional attitude toward the problem which detracts seriously from the value of the chapter.

The discussion of the recidivist includes a consideration of the habitual criminal. Several cases are cited, and summed up as follows:

> "The innately criminal type [sic!], regardless of his psychiatric classification, is more indifferent than the average man to the ultimate consequences of his acts and also conscience easy in regard to these acts.
>
> "Prison does this type of criminal no good. He cannot be reformed. He is incorrigible and hopeless. It is a waste of the taxpayers' money to try to rehabilitate him. He should be permanently segregated in colonies composed of his own kind, and made to support himself by the labor of his own hands."

Fortunately, the work of Dr. W. Norwood East, for many years Commissioner of Prisons in England (see *The Psychological Treatment of Crime,* by East and Hubert; His Majesty's Stationery

Office, 1939) is somewhat less pessimistic as to the therapeutic value of the psychiatric approach to the problem of crime.

The authors close with a plea that more psychotherapeutic work be done with probationers rather than with prisoners, and that courts employ more fully psychiatric advice as a means of separating the corrigible from the incorrigible. Even with its shortcomings, the volume is a useful contribution to the literature, and may well be read with profit by prison officials, judges, and all who are interested in attaining a more intelligent dealing by society with a vexed and vexing problem.

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COPING WITH CRIME. Edited by Marjorie Bell. New York: The National Probation Association, 1938. 436 p.

This book is a compilation of the papers given at the Thirty-first Annual Conference of the National Probation Association, held in Indianapolis in May, 1937. The range of topics is wide, the papers being divided into sections under the following headings: I. *Community Coöperation for Social Welfare;* II. *Trends in Probation and Parole Administration;* III. *Case-Work with Adult and Juvenile Delinquents;* IV. *Juvenile-Court Jurisdiction and Function;* V. *The Psychiatric Approach;* VI. *Camps for Youth;* VII. *Legal Digest;* VIII. *The National Probation Association.*

In the first section a paper on the Chicago area project stresses the coöperation of professionally skilled leaders and neighborhood groups (the public itself) not only in the formulation of a treatment and correctional program for individual delinquents, but as an essential feature of the neighborhood approach to crime. The remainder of this section deals with the coördinating-council movement from the point of view of community organization, training of coördinating-council executives, and general significance. The discussion of training stresses the need for experience in both case-work and group work.

The second section, on trends in probation and parole, indicates that the fundamental importance of the merit system of selection of probation and parole officers is being more generally recognized. There is also an increased tendency toward reëxamination of the whole correctional system. This section presents clearly society's well-known dilemma, with which unfortunately it is still faced, between the views of those who advocate punishment and of those who recognize the need for rehabilitation and treatment.

The third section deals with the many problems of case-work

in the field of adult and juvenile delinquency. Constructive utilization of the authoritarian setting in parole and probation case-work is excellently discussed. The coördination of the findings of a group of experts in case-work is emphasized.

An extreme point of view on the difficulties of reconciling case-work functions and judicial functions is expressed by Thomas D. Eliot, professor of sociology at Northwestern University, in a paper in the fourth section, on juvenile-court jurisdiction and function. Eliot finds that the "mixture of judicial functions with case-work functions in the same agency is one source of confusion and lack of coördination." A much more realistic point of view is found in the remainder of this section. The coördination of the various child-welfare services and juvenile-court work is emphasized as one of the solutions. In an excellent article, Judge Joseph Siegler sets forth the philosophy of the juvenile court, stressing the necessity for such an institution in our social organization, and the importance of appointing judges "because of their specialized knowledge and experience, without regard for politics," and giving them tenure of office "so that they may devote their lives and talents exclusively to the juvenile court."

The fifth section deals with the psychiatric approach. Oberndorf describes the usual procedures, such as psychological, educational, and vocational tests and psychiatric interviews. "Working methods are eclectic in character and include advice, consultation, persuasion, indulgence, temporization, change of environment from one cottage to another, toy technique, and directed sublimatory activity in work, art, and play." The psychiatric clinic is at present practically limited to the juvenile courts.

Group work is discussed in Section VI, especially with reference to "camps for youth." Unfortunately the C.C.C. Camps exclude those who have been convicted of criminal acts. "No person under conviction for crime and serving sentence therefor shall be employed under the provision of this act." The other camps for boy probationers are limited and exclude "the mentally retarded, seriously neurotic, or mentally abnormal," as they are "unable to profit by a short camp experience." The forestry camps for delinquent boys (Los Angeles County) claim good results; less than 20 per cent have violated their probation upon release.

Section VII is a legal digest covering recent legislation and decisions that affect probation and juvenile courts. During 1936 and 1937 the legislatures of nine states enacted laws establishing state-administered probation departments. Many other commonwealths amplified or improved their probation statutes. Twenty-five

states executed "an interstate compact for the supervision of parolees and probationers."

The last section is a report of the activities of the National Probation Association.

The book is essential for any one working in the field of criminology or related sciences who wishes to study this broad subject or any of its many aspects. There is relatively little to criticize in it as much of the material is of a descriptive nature. Occasionally a writer expresses an opinion beyond his field, and, as is not uncommon in such cases, falls into error in so doing. But in general the book is to be highly recommended to all students of crime and delinquency.

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HEREDITARY AND ENVIRONMENTAL FACTORS IN THE CAUSATION OF MANIC-DEPRESSIVE PSYCHOSES AND DEMENTIA PRAECOX. By Horatio M. Pollock, Benjamin Malzberg, and Raymond G. Fuller. Utica, New York: State Hospitals Press, 1939. 473 p.

The portion of this text that deals with the inheritance of mental disease contains a critical review of the literature and an excellent discussion of the problems involved in researches on the familial incidence of manic-depressive and schizophrenic psychoses. The discussion of the application of Mendelian laws to the problem is intelligent and thorough, so that the conclusion that these laws do not apply here seems fully justified. The samplings of case material are selected in such a way as to give a clear idea of the types of family incidence encountered. This portion of the book is to be highly recommended to those interested in the subject of the inheritance of mental disease, as the application of the principles laid down by the authors would prevent the repetition of many of the serious mistakes in drawing conclusions that have characterized much of the earlier work.

The second portion of the book, which deals with environmental factors in manic-depressive and schizophrenic psychoses, gives one the impression that the authors have little understanding of the sort of thing we have in mind when we speak of family relationships, particularly in early life, as playing a causative rôle in the origin of the psychoses. It is difficult otherwise to explain how it was possible for them to summarize the relationships between a patient and his parents under the three headings "Affectionate," "Antagonistic," and "Unknown"; nor how they had the courage to treat statistically the naïve statements of relatives and to group under the heading,

"Affectionate," relationships "described as congenial, normal, etc.," and under "Antagonistic," "those in which the patient was habitually disrespectful to his parents." It is obvious that one could not hope to draw conclusions from data of this sort.

As to other environmental factors, the work has more value, and certain very interesting items stand out, notably a tendency toward a shift from a rural to an urban setting and from agriculture to industry, together with indications of a trend toward more straitened economic circumstances. As one might expect from this treatment of the problem, in those instances in which there was a clear-cut precipitating factor in the onset of the psychosis, this achieves undue prominence.

It is not clear to the reviewer that the authors are dealing with a true cross-section of the population of the state of New York, in as much as their patients were taken from among the admissions to a state hospital. This would preclude inclusion in the group of those patients whose families were sufficiently well off financially to keep them in private institutions. If a proper proportion of these had been included in the statistics, it conceivably might have made some differences in the findings.

At no place in the text does the reviewer find mention of the fact that familial incidence, particularly as applied to siblings and to parents, might have a relationship to the instability of the home due to the presence of the mentally ill relative, or of the possibility that the various members of the family group might have been exposed to the same sort of environmental stress.

Despite its obvious deficiencies, the work has certain fundamental excellencies that make it very well worth while. It would seem that it might have benefited by an attempt to select for investigation social factors more closely related to what the practical workers in the field consider essential, and to show some recognition of the difficulties attendant upon the collection of such data.

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NOTES AND COMMENTS

Compiled by
PAUL O. KOMORA
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SIGMUND FREUD
1856–1939

A great man has passed down the aisle of time—Freud the discoverer, to his last days the courageous adventurer in the broad realm of the causations of human behavior.

Already there is much discussion about the place that Freud and his discoveries will take in the history of human thought. The eminence of his originality is unquestioned. Even his early work gave to others a stimulus that, though they did not remain his disciples, led them to make great names for themselves. Over the years, he has vitalized whole sections of thought and investigatory procedures in various disciplines—psychiatry, psychology, sociology, anthropology, education, social work. Even the philosophers have had to take cognizance of his clinical observations and his theories. What, then, if Freud's contributions cannot now be exactly classified as to the field in which they will ultimately prove to have the greatest value?

Aside from the specific discoveries and formulations and the practical bearings of psychoanalysis, the quintessence of Freud's offerings to mankind is variously appraised. The philosopher says that Freud's work is epoch-making because he has given to the science of mind a causal category; or that his great genius is shown in his rediscovery of mind as the subject matter of psychology. We all recognize that more than any one else Freud has demonstrated that the biological and the psychological development of the individual are inseparably interrelated. Consequently the definition of psychoanalysis as "a dynamic conception which reduces mental life to an interplay of reciprocally urging and checking forces" must be noted most carefully by both biologists and psychiatrists. It is to be remembered that this is a basic principle already accepted in physics, physiology, and for that matter in sociology.

There is no doubt that Freud thought of psychoanalysis as primarily an investigative branch of science. It is of the essence of the freedom of science, he insisted, to open up to the light the inmost recesses of the human mind and personality and to uncover the dynamic background of all the activities of man, even the social and the moral. It was, however, just this insistence on Freud's part that led to so much opposition. Human beings resist facing the deeper causations behind their impulses and their supposed, even

their self-supposed, motives—indeed, behind all their behavior tendencies.

Freud calls himself a positivist. He conceives of his philosophy of life as built on the rigorous *Weltanschauung* of science. If one is inclined to be critical about this, it should be recalled that while Freud did evolve theories unsubstantiated by factual evidences, it must be acknowledged that in doing so he knew what he was doing. He explicitly stated that part of what psychoanalysis has brought forth is fundamental and lasting; other parts partake of the nature of a superstructure, not all of which may stand the test of future scrutiny and the accumulation of data. That he allowed for more than physical science has demonstrated, is proven by his acceptance of the probability of telepathy.

Some are saying that Freud was as much an artist as he was a scientist. His literary skill would bear out this view, and it may be that the temperament of the artist came to the fore when he very evidently by intuition grasped many matters that would have escaped an investigator rigorously bound to traditional scientific methods—one who would feel compelled to check every observation in the light of a hundred others, who would consider himself unwarranted in making generalizations from a few elicited facts, however fundamental they seemed. The founder of psychoanalysis, he could never have become the elaborator of it that he was if he had proceeded so cautiously.

At any rate, in whatever category Freud and his genius can or will be placed, the world's thought is enormously indebted to him.

WILLIAM HEALY.

OTTO RANK

The year 1939 has seen the death of the two men who represent the ultimate in psychological understanding and therapeutic application that our individualist era has attained. Sigmund Freud, who gave to the therapeutic achievements of this period their claim to scientific standing, lived to see the psychology he founded develop to a professional completion seldom achieved within one man's life span, but lived on to experience personal disillusion and the bitterness of exile at the age of eighty. Otto Rank, who was also intimately involved with Freud in the establishment of psychoanalysis, in a lifetime little more than half as long has experienced and given to the world the rich results of a new insight into theory and practice that contains the seeds for a psychology and psychotherapy of the future—provided any soil be left after the struggle for collective security has subsided—in which a new comprehension of the individual will and its responsibility for itself may take root.

If Freud embodies the scientific attitude, the attitude of the

student and experimenter who puts humanity outside of himself in order to observe and analyze objectively, Rank stands at the opposite pole, carrying into the field of psychotherapy the vision and scope of the artist, the man who includes within himself the opposition science sets up, who is at once doctor and patient, experimenter and subject, scholar and healer, helper and helped.

In differentiating theory from therapy, or theory from practice, which was one of his outstanding contributions, Rank actually put them together for the first time, since the separation he insisted upon made their union in living terms possible. For Rank, life is something to be lived, and neither science nor art can save man from its inevitable dualism. "For the only therapy is real life. The patient must learn to live, to live with his split, his conflict, his ambivalence, which no therapy can take away, for if it could, it would take with it the actual spring of life." Whether there will ever be any large number of individuals who can realize so exacting a philosophy is doubtful. Rank has paid with his life for the insight he dared to follow. In *Art and Artist*, published by Knopf in 1932, he has set forth the tragic aspects of living which all great artists must endure. For the last three years he had been working on a social psychology which he entitled *Beyond Psychology*. This was to have been his final work, after the intensive and exhaustive output of the previous twenty years, of which only a small part is available in England translation. In life span he seems to have been cut off prematurely; in life experience, in creative achievement, in therapeutic contribution to humanity, he has completed many lives.

JESSIE TAFT.

DELAWARE STATE HOSPITAL CELEBRATES FIFTIETH ANNIVERSARY

Religion and science joined hands in commemorating the completion of fifty years of service to the mentally ill by the Delaware State Hospital at Farnhurst last fall, for the occasion marked the double event of celebrating the institution's anniversary and, at the same time, dedicating a new chapel erected on the grounds for the spiritual welfare of its patients and employees. Some 400 persons, including prominent psychiatrists, leaders in mental hygiene, and state officials, attended the ceremonies, which were held in the chapel on September 28, and were led by Bishop Arthur R. McKinstry, of the Episcopal Diocese of Delaware, assisted by the Protestant, Catholic, and Jewish chaplains of the hospital.

Greetings were voiced by Governor Richard C. McMullen, United States Senators John G. Townsend and James M. Hughes, Congressman George S. Williams, Chief Justice Daniel J. Layton, Dr. Meredith I. Samuel, President of the Delaware Medical Society,

President F. V. DuPont, of the Mental Hygiene Society of Delaware, and representative leaders in psychiatry, including Dr. Adolf Meyer, Dr. William C. Sandy, Dr. Lawrence Kolb, Dr. Arthur H. Ruggles, Dr. George H. Preston, Dr. Winfred Overholser, Dr. Horatio M. Pollock, and Dr. Clarence M. Hincks. Dr. Edward A. Strecker gave the principal address, taking for his text "The Social Implications of Psychiatry."

Speaker after speaker felicitated the hospital management on its progressive achievements and modern outlook in providing increasingly better care and treatment for its patients and in applying the latest findings of science to the conduct and upbuilding of its various departments. Delaware, it was pointed out, was the first state in the Union to assume full responsibility for the care of its mentally ill, and it was one of the first to extend its operations on a community-wide scale and to engage in extramural activities of a preventive and educational nature. Its mental-hygiene clinic is a model of its kind. A brochure, distributed at the exercises, gives a history of the development of the institution, describing the plan of organization of the clinic as emphasizing "guidance in personal and social maladjustments as well as prevention of the serious complications of unattended mental illness in the community at large." State-wide service is supplied to the schools, the correctional institutions, the hospitals, and the social agencies, and a survey of mental defectives is constantly maintained. More recently a consulting service has been established for patients suffering from disorders of the glands of internal secretions and operable brain diseases.

Looking to the future as always, Dr. M. A. Tarumianz, superintendent of the institution, outlined plans for further improvements, for the enlargement of admission and treatment facilities to relieve overcrowding, for the creation of a special unit for colored patients, for a division for the care of children, and for a research program.

Research Council on Problems of Alcohol

A fresh scientific attack on alcoholism, in an attempt to "get at the truth" about the effects of alcohol on the individual and to throw new light on this many-sided and controversial problem, has been launched by the Research Council on Problems of Alcohol, an associated society of the American Association for the Advancement of Science. At a meeting of the executive committee of the council, held in New York last October, the chairman, Dr. Karl M. Bowman, Director of Bellevue Psychiatric Hospital, announced that three grants have been made to the organization to initiate its investigations. The Carnegie Corporation has appropriated $25,000

for a critical survey of all work done on the problem to date, under the direction of Professor Norman Jolliffee of New York University; The American Philosophical Society is financing a study of toxic factors in alcoholism, conducted at the New York State Psychiatric Institute by Dr. George A. Jervis; and the Dazian Foundation for Medical Research is funding an investigation of the rôle of alcohol in liver cirrhosis undertaken by the College of Medicine at New York University.

The research program is a broad one, oriented to studies and activities to be conducted under conditions "which will assure disinterestedness and objectivity" and which will contribute to the long-range objective of "discovering the causes of alcoholism, and better methods for its prevention and treatment." As Dr. Bowman points out, alcoholism and the alcoholic psychoses constitute one of the great public-health problems of modern times, perhaps the greatest not yet being systematically attacked, and the council plans to deal with it in the same general fashion in which other public-health agencies are attacking tuberculosis, cancer, syphilis, and other major health problems. The council is approaching it as a medical, not a moral problem. The scientific attack on alcoholism, the committee explains, is only in its early stage. No one yet knows how many alcoholics there are in the United States, nor what facilities are required to deal with them. Three major measures will be employed in the present studies: (1) evaluation and coördination of existing research; (2) development of researches along lines inadequately investigated or not yet explored; and (3) dissemination of the results of such researches. Later, when research makes available better methods of treatment, it is hoped that adequate clinic and hospital facilities will be provided by various agencies for the treatment of alcoholism.

Economy by Retrogression

Wholesale and indiscriminate slashing of public-welfare budgets by economy-minded legislators pursues its willful and destructive course, letting the chips fall where they may, and in total disregard of the consequences to vital social services. We took occasion in these columns to comment on the drastic reductions in the New York State Department of Mental Hygiene attempted by the 1939 Legislature and averted, for the most part, by the timely representations of the State Charities Aid Association and others concerned for the welfare of the mentally ill. Other state services did not fare so well, as shown, for example, by the ruthless lopping off of all support for the psychiatric and educational activities of the department of corrections, such as the classification clinic of Sing Sing

Prison, to the dismay of leaders in criminology, mental hygiene, and social work, who had striven for years to set up these milestones of progress toward a more rational and enlightened management of the antisocial offender.

Fear of what this sweeping policy of retrenchment and ill-considered economizing portends for the future of similar services for the young and underprivileged was voiced at sessions of the Sixty-ninth Annual Congress of the American Prison Association, held in New York City last October, leading one delegate, representing the National Conference of Juvenile Agencies, to remark: "Superficially it looks like economy to dispense with 'fancy' psychiatric services for adult and presumably 'hardened' criminals. But there is wide apprehension here at the congress that the next step will be to 'save money' by abolishing these services and all the social services from institutions for the young, where unquestionably they are vital."

The necessity for the continued and intensive education of public opinion, to hold the lines against further regression to the obscurantism of a past age, is painfully evident from this and other threats to established modern concepts and practices, emanating from reactionary, economy-obsessed "counter-reformers." Believe it or not, the Wyoming County Grand Jury in progressive New York State, in its zeal to restrain offenders from adding further to the population of overcrowded prisons and jails, recently recommended reëstablishment of the whipping post, for its "wholesomely deterrent effect on persons inclined to commit crimes," and forwarded resolutions to this effect to their senator and assemblyman "to be presented by them to the proper legislative committees." But what is to deter these hard-boiled advocates of a return to the cruel and callous methods of crime control of a century ago, unless it be an aroused public conscience determined that the strong-arm practices of an earlier day, revived and intensified by contemporary totalitarian political and social systems bent on subjugating the human spirit, shall not spread to American institutions dedicated to a decent regard for the individual personality?

At the prison congress, at a meeting devoted to problems of probation, Dr. Manfred S. Guttmacher, psychiatrist to the Supreme Bench of Baltimore, advocated the establishment of psychiatric units in probation departments, with the emphasis on treatment programs as compared with and extending beyond mere diagnosis, classification, and prognosis. "I do not suggest," he said, "that every case with psychiatric features be given over to a psychiatrist, as in general medicine, the alert, well-trained general practitioner handles simple psychiatric problems. This can also be done by the probation

officer, but the probation officer must have a psychiatric background, just as physicians need psychiatric education." But the psychiatrist, he added, must be easily accessible and available for frequent consultation.

Hawaii Mental-Health Clinic

We are indebted to Dr. Edwin E. McNiel for a most interesting report on the development of mental-health services in Hawaii, and we congratulate him and his associates on their very considerable achievements in the short period since organized work in mental hygiene was initiated in this outpost of the United States. The stimulus for the work has come largely from the temporary mental-hygiene committee launched by the chamber of commerce and other groups, in 1936, which arranged for a comprehensive survey of the territory's mental-health problems by Dr. Franklin G. Ebaugh. Dr. McNeil reports that most of the recommendations of the survey have been carried out, thanks to the handsome way in which civic and professional leaders and government officials have rallied to the support of the program.

One of the early steps was the laying of a sound legislative groundwork, resulting in the establishment of a bureau of mental hygiene as part of the territorial board of health. There followed the rewriting of the territory's commitment laws, to modernize and humanize the admission of the mentally ill to treatment, in line with the best practices in the states, and, in turn, the administrative reorganization of the territorial hospital and the improvement of treatment facilities for the mentally ill, with the extension of parole, out-patient, and social services. Efforts have also been made to provide psychiatric services for general hospitals.

The outstanding achievement has been the creation of a territorial psychiatric clinic, which has been the pivotal factor in developing a community mental-health program in its diagnostic, treatment, consultative, and educational aspects. The clinic was set up at The Queens Hospital in Honolulu, with both inpatient and out-patient services, under the directorship of Dr. McNiel, and during its first year of operation, on a budget of $18,000, has seen over 500 patients. The clinic enjoys the collaboration of the University of Hawaii, the public-school system, and other organizations and institutions in the territory. Dr. McNiel also conducts a traveling-clinic service for the benefit of the outer islands, and on eleven trips made during the past year, some 150 patients were seen.

The operation of the clinic has been under the direct supervision of a mental-health committee of the chamber of commerce, the territorial medical society, and the council of social agencies, which

have assumed responsibility for the promotion of psychiatric treatment resources and better mental hygiene in the territory. The organization of a permanent territorial mental-hygiene committee, with local branches, is projected, in order to increase the effectiveness of the work.

A further objective is the provision of private beds for mental patients to meet a pressing need, since there are none in the territory at the present time. Enabling legislation has already been enacted to establish the legal status of any new private mental hospital that may be built. "It is my hope," writes Dr. McNiel, "that within the next year we will be able to finance a new psychiatric hospital which will treat private and public patients. It will be necessary to raise these funds entirely from private sources, since the territory is not in a postion to undertake any project of this sort at the present time."

Psychiatric Societies

Psychiatry and mental hygiene have been so closely related for many years that the terms have come to be used interchangeably in discussions reflecting the increasing professional and public concern over the problem of mental disease; though the terms themselves must be differently defined as to their respective spheres of interest and activity, the one denoting the study and treatment of mental disorders, the other signifying the knowledge and practice of the principles of mental health. Psychiatry is to mental hygiene as general medicine is to preventive medicine.

The progress of scientific psychiatry has been a powerful factor in the development of mental hygiene and, conversely, the rise of the mental-hygiene movement has greatly influenced the progress of psychiatry in institutional, clinic, and private practice. The growing professional consciousness of the specialty, moreover, has found increasing expression in the formation of regional and state psychiatric societies, paralleling the development of state and local mental-hygiene societies.

There are a dozen or more such societies in existence at the present time, the latest one being the Pennsylvania Psychiatric Society, organized in Pittsburgh this fall. At the organization meeting, held October 5, the founders adopted a constitution and by-laws, elected officers, and formulated a tentative program of activity. The president, Dr. William C. Sandy, in discussing the aims and functions of the new society, said: "The need for and usefulness of such a professional society may be realized when one considers what similar organizations have accomplished for psychiatry. For example, higher standards for mental hospitals, for membership in the American Psychiatric Association, and for the officially recognized

specialty in general, have resulted from the activities of special medical committees and boards. In Pennsylvania, state-wide mental-hygiene committees have brought about increased interest in and support of activities for the general welfare of mental patients." Other officers of the society are Dr. Henry I. Klopp, President-Elect, and Dr. LeRoy M. A. Maeder, Secretary-Treasurer.

Other regional, state, and local psychiatric societies are the New England Society of Psychiatry, the Massachusetts Psychiatric Society, the Connecticut Society for Psychiatry, the Boston Society of Psychiatry and Neurology, the Central Neuropsychiatric Association, the Missouri-Kansas Neuropsychiatric Association, the Kentucky Psychiatric Society, the Southern Psychiatric Association, the Philadelphia Psychiatric Society, the New York Psychiatric Society, the New York Society for Clinical Psychiatry, and the Long Island Psychiatric Society. The National Committee for Mental Hygiene would welcome information as to any newly formed or previously existing psychiatric societies not included in this list.

Eighth American Scientific Congress

The Secretary of State announces that the Eighth American Scientific Congress will be held in Washington, D. C., from May 10 to 18, 1940, under the auspices of the United States Government, as one of the events to mark the celebration of the fiftieth anniversary of the founding of the Pan-American Union. By a special act of Congress, invitations on behalf of the President have been extended to the governments of the American Republics who are members of the Pan-American Union to participate in the meeting, at which a large number and variety of scientific institutions and organizations will be represented. The congress is one of a series of inter-American meetings, designed for the exchange of scientific information of particular interest and importance to the governments and peoples of the Americas, the first of which was held at Buenos Aires in 1898, with subsequent meetings at varying intervals held at Montevideo, Rio de Janeiro, Lima, and other cities in the western hemisphere. An organizing committee, composed of government officials and leading scientists, is now at work on plans for the congress, which will have eleven sections, as follows: Anthropological Sciences, Biological Sciences, Geological Sciences, Agriculture and Conservation, Public Health and Medicine, Physical and Chemical Sciences, Statistics, History and Geography, International Law, Economics and Sociology, and Education. Presumably the organization of the programs will be in charge of the chairmen of the respective sessions, whose selection will be announced at an early date.

American Orthopsychiatric Association

The Seventeenth Annual Meeting of the American Orthopsychiatric Association, an organization for the study and treatment of behavior and its disorders, will be held at the Hotel Statler, Boston, Massachusetts, on February 22, 23, and 24. Further particulars may be obtained from Dr. Norvelle C. LaMar, Secretary, 149 East 73rd Street, New York City.

National Conference of Social Work

The 1940 meetings of the National Conference of Social Work will be held at Grand Rapids, Michigan, from May 26 to June 1. The National Committee for Mental Hygiene will be one of the associate groups participating in the conference and a mental-hygiene program is now in the making, in collaboration with state societies for mental hygiene and other groups. The Morton Hotel has been assigned to us as our headquarters hotel. A large attendance is anticipated and in view of the assignment of several groups to the same hotel, it is suggested that those planning to attend the meetings make their reservations early, by writing direct to the Morton Hotel.

Children in a Democracy

"Children in a Democracy" will be the theme of the Fourth White House Conference on Children, to be held in Washington, D. C., January 18–20, 1940. Like its predecessors, the 1940 White House Conference will deal comprehensively with all phases of child health and welfare, and will formulate policies and principles that are expected to exert a guiding influence on the course of development of public and private activities in these fields for years to come.

In a review in the *S.C.A.A. News* Homer Folks, chairman of the report committee which is to draft the final report for the 1940 Conference, points out that the first White House Conference, called by President Theodore Roosevelt in 1909, resulted in the establishment of the United States Children's Bureau. The second conference, convened by President Wilson in 1919, led to increased federal participation in the protection of maternity and infancy. The third conference, held in 1929 under the sponsorship of President Hoover, brought together and published in a notable series of documents the most recent scientific knowledge and information on many of the medical, public-health, and social phases of child welfare.

The coming conference, called by President Franklin D. Roosevelt, will bring this material up to date and will consider how the quality and distribution of federal, state, and local services for children can be made more adequate to present-day needs. In tune

with its theme, the conference "will deal with the well-being of all children in America, as affected by a democratic form of government and, generally speaking, by democratic ideals and attitudes, over a long period of years." Preliminary sessions, in which The National Committee for Mental Hygiene has participated, have been held at various times since last spring, as a basis for the findings and recommendations to be presented by the report committee to the entire membership of the conference in advance of the meeting in January. The proceedings of the initial sessions have already been published by the Children's Bureau and can be obtained from the Superintendent of Documents, Washington, D. C., at 20 cents a copy.

Parents in a Democracy

The democratic ideal as applied to American family life and the building of a better world for children provides the inspiration and motive for *Parenthood in a Democracy,* a publication of The Robert E. Simon Memorial Foundation, prepared by Margaret Lighty and Leroy E. Bowman, with a foreword by William H. Kilpatrick, Professor Emeritus of Education of Columbia University. Miss Lighty is Assistant Director of the Public Education Association of New York City, and Mr. Bowman was formerly Director of the United Parents Associations of New York City.

The volume is issued as a memorial to the late Robert E. Simon, a New York business man whose civic interests, centered in the education of parents and children and in better coöperation between the school and the home, led him, in 1921, to found the United Parents Associations, an organization that has played a leading rôle in the advancement of the city's public schools. As a member of the Commission on School Finance and Administration, appointed by Governor Alfred E. Smith in 1925, Mr. Simon helped notably in the enactment of legislation to equalize educational opportunity through state aid and to stabilize the economic status of the teacher by the establishment of more equitable salary scales.

Parenthood in a Democracy is largely a history of the origin and development, aims, and functions of the United Parents Associations, including also a biographical sketch of the founder. According to Mrs. Robert V. Russell, chairman of the foundation, "the ideas and experiences described might be those of parents anywhere, being drawn from an area comprising different kinds of communities which are duplicated throughout the land. Parents' education procedures are explained, as well as practical methods for achieving democracy in organization." The book runs to 236 pages and is being sold at cost ($1.50 for single copies, special rates for quantity orders for parents' associations and educational institutions). The proceeds

will be devoted to the financing of further projects in parent education. Copies may be ordered from the Robert E. Simon Memorial Foundation, 152 West 42nd Street, New York City.

Social Work Vocational Bureau

The new year sees the formation of a new personnel organization in the field of social service, known as the Social Work Vocational Bureau, with offices in New York City. It is the answer to the problem, studied for several months by the representatives of eleven national organizations, of providing a broader, more adequate, and more soundly organized and financed personnel service to agencies and workers interested in the development of vocational standards and practices in the social case-work field. It supersedes the Joint Vocational Service, which ended its twelve years of pioneering activity in this field in anticipation of the establishment of a project of larger scope better calculated to meet the needs growing out of its long experience. The following organizations are participating jointly in the new venture:

American Association of Medical Social Workers
American Association of Psychiatric Social Workers
American Association of Schools of Social Work
American Association of Social Work
American Public Welfare Association
American Red Cross
Association of Junior Leagues of America
Child Welfare League of America
Family Welfare Association of America
National Committee for Mental Hygiene
National Travelers Aid Association

The new bureau proposes to organize, as soon as possible, a case-work service division, for joint personnel and placement services in the social-work field. Although this first "service division" may be able to start accepting registrations of special service memberships by February 1, it will probably not be ready for full operation until a month or two later. Other service divisions may be organized subsequently in other fields of social work that present adequate plans and evidence of support and participation from the field itself. Direct or individualized placement service will thus be performed only through service divisions for which the Social Work Vocational Bureau will act as the promotional and administrative organization. The bureau itself, in addition to promoting and coordinating these service divisions, will serve as a channel for the joint participation of social workers and agencies in the development of data or vocational needs and trends in social work and in the joint

development of vocational and employment standards. Copies of the report of the planning committee, giving further details, may be obtained by writing to The National Committee for Mental Hygiene, 50 West 50th Street, New York City.

"The World We Make"

The nineteen-thirties saw several serious and interesting attempts to dramatize, on stage and screen, some of the simpler and more obvious aspects of the complex and many-sided problem of mental disorder. A motion-picture version of Phyllis Bottome's excellent novel, *Private Worlds,* through a successful combination of entertainment and educational values, gave to the large movie-going public, unfamiliar, for the most part, with modern psychiatric concepts and methods, an instructive and wholesome insight into the psychology of the mentally ill and the ramifications of their care and treatment as practiced in the better types of private mental hospital.

In *All the Living,* an ambitious, but short-lived stage production, based on Victor R. Small's *I Knew Three Thousand Lunatics,* we were given a vivid and realistic portrayal of life in a state mental hospital as seen through the eyes of a psychiatrist in daily contact with hordes of patients of every type and description and in all stages and degrees of mental illness, showing the epic work of humanitarian and scientific-minded doctors in their efforts to bring to their afflicted charges the benefits of present-day psychiatric study and treatment under conditions and difficulties that are in woeful contrast to the facilities and resources of the more privileged private institution. Despite the excellencies of the play—its splendid casting, fine performance, and stage settings, its dramatic episodes and sustained human appeal, and above all, its undoubted educational achievement—it could not hold the interest of a public that, as always, attends the theater primarily for entertainment and only incidentally for instruction. It lacked the elements that go to make up a good "story," such as furnished the central theme in Miss Bottome's novel and saved it, in its dramatized form, from the (till now) usual fate of plays and pictures that deal with frank mental disease.

It remains to be seen whether better success will attend *The World We Make,* the latest attempt at the dramatization of this subject, undertaken by Sidney Kingsley at the Guild Theater in New York, and adapted from Millen Brand's *The Outward Room,* a first novel that overnight attained best-seller fame. It is the story of a young girl under treatment in a mental sanitarium, whose tortured and impatient soul prompts her to escape and to find in the outer world that peace and healing which the intelligent and conscientious efforts

of a competent psychotherapist fail to give her in the brief period of her confinement to the institution.

The first scene after the hospital prologue (which, by the way, rings true in its depiction of the doctor-patient relationship, down to the last detail of clinical verisimilitude, in the environmental and other aspects of the office interview) finds the bewildered girl securing work in a city laundry (again a faithful, almost photographic reproduction of the real thing). Most of the action of the play takes place in a slum tenement, where our distracted and shaken heroine takes up life with a well-meaning, healthy-minded, extraverted young man, a fellow worker at the laundry, who befriends the girl, falls in love with her, and, by entering intimately into her emotional life and trying sympathetically to understand her problem, exerts a stabilizing influence that restores her to mental health and keeps her from slipping back to the dreaded insecurity and unreality of her "private" world.

Psychiatrists may question the psychological structure and validity of the story and may point out some improbabilities and weaknesses, especially from the standpoint of etiology as posited by the author in tracing antecedent experiences in the girl's life and family background that lead up to her breakdown. The present reviewer wonders, for example, whether the death of a younger brother is not exaggerated in its importance as a causative or precipitating factor, though an obviously unhealthy parent-daughter relationship, strikingly manifested in her deeply morbid attitude toward her parents on the occasion of their visit to the hospital, could adequately account for her pathological personality development. Similarly, one is struck by a seemingly exaggerated reaction on the part of her mate, not in harmony with his sturdy personality and character, when, in the last scene of the play, he goes to pieces on hearing of the death of *his* young brother, and the rôles are reversed, with the girl exhibiting strength to comfort him in his weakness. There is also the moral objection to a story that, for dramatic effectiveness, requires the hero and heroine to live together without the sanction of matrimony until several months later. And there are some crudities of humor and one or two suggestive lines that do not appear in the book and could be dispensed with in the play without detracting from its interest and entertainment.

These criticisms aside, it must be said that Mr. Kingsley has done superbly well within the limitations of his material. His production is a triumph of realism, in his ingenious fashioning of the stage sets and in his brilliant reproduction of tenement-house life, though it is a thin slice of that life he offers us, considering the play as a whole. It seems to this reviewer, on the other hand, that Mr.

Brand's book is more substantial than the play, which lacks the literary and poetic quality of the original prose. But the cast is excellent, the performance splendid, and the acting admirable throughout. All in all, one is left with certain doubts as to the viability of the play, as to the solidity of accomplishment and intrinsic values in this new effort to present a mental case history in popular, dramatic form. Considerations of psychopathology in human behavior have given new scope, interest, and depth to "problem" plays, have given us the "psychological" novel, and have enriched modern literature in general, but creative efforts to deal with mental abnormality as a topic in itself, in a literary, artistic, and educational way, are still in their beginnings.

Mental Hygiene and the Kindergarten

Mental Hygiene Project at Kindergarten Level, 1937–1939 is the title of a 190-page report just published by the Mental Hygiene Committee of the Vocational Adjustment Bureau for Girls, New York City. The report was presented to the Board of Education of the City of New York, which, with the bureau, sponsored the study.

The committee presenting the report included Dr. Ira S. Wile, Chairman; Mrs. Henry Ittleson, President of the Vocational Adjustment Bureau; Dr. Emily T. Burr, Director of the Vocational Adjustment Bureau; Mrs. Alda Frank, of the Vocational Adjustment Workship; Dr. David M. Levy; and Dr. George S. Stevenson. Coöperating with officials of the Department of Education, Dr. Lawson G. Lowrey directed a staff, which included Helen Speyer, psychologist, and Ethel L. Ginsburg, psychiatric social worker, in the unique project of operating a complete clinical unit in the classrooms of the kindergarten and the first grade.

As a result of their effort to assay the personality and behavior problems of children, to work out their origins, and to evaluate and interpret them, they arrived at many conclusions concerning potential methods for the correction and prevention of disorders of behavior and personality within the practical limitations of a large educational system.

The report presents the procedures involved and makes an analysis of the findings, with particular stress upon the psychometric, physical, social, and psychiatric data.

The study indicates definite need for a mental-hygiene program in the kindergarten, the kindergarten extension, and the first grade, and suggests the value of a short period of observation and study by a psychiatric clinical team with the object of selecting the numerous and severe problems that demand specialized treatment.

The specific recommendations of the report merit consideration by

educators, parents, and mental-hygienists throughout the country. They relate to teacher training, mothers' clubs, classroom procedures, the value of psychological tests, the significance of visiting teachers, and above all the potentials of a mental-hygiene unit functioning at the kindergarten-first grade level.

The report is timely and stimulating, and should afford a basis for sane, constructive educational work in the spirit of a democracy.

Useful Publications

Psychiatry and Allied Subjects—A Bibliography, a 54-page mimeographed document, has been prepared by the Committee on Mental Hygiene and Psychiatric Nursing of the National League of Nursing Education, as a guide to reading, study, and teaching for nurses interested in mental nursing. It contains an annotated list of books, magazine articles, pamphlets, bulletins, and reports dealing with various phases of psychiatry, psychology, and mental hygiene, including recreational, occupational, and physical therapy and psychiatric social service. The committee and contributors have made every effort to include subject matter that has been found useful to educators in the field of nursing, to the nurse in general practice, and to others interested in and seeking information about these fields. A list of periodicals and organizations engaged in activities dealing with the care and treatment and prevention of mental illness is also given. The committee has performed a splendid service in bringing together, organizing, and presenting a large amount of material in such an informative way. It is more than worth the price (75 cents a copy) and should be extremely useful not only to nurses, but to all students of mental hygiene. Orders should be addressed to the National League of Nursing Education, 50 West 50th Street, New York, N. Y.

Workers in the vocational-guidance field will welcome the appearance of *Social Service Work as a Career,* the latest in a series of attractive brochures on "Careers" published by The Institute for Research in Chicago. It is chock-full of information, and it answers about all the questions an aspirant to the profession of social work is likely to ask before entering upon preparation for this field. It tells the history and organization of social work, presents frankly its attractive and unattractive aspects, discusses personal qualifications and educational requirements, employment opportunities, types of position, salaries, and gives a number of other particulars of a practical as well as a theoretic nature. The pamphlet, which sells for a dollar, fills a real need and we anticipate a wide demand for it. Copies may be secured from The Institute for Research, 537 South Dearborn Street, Chicago, Ill.

Of more specialized value is a pamphlet recently issued by the New York City Committee on Mental Hygiene, entitled *Proceedings of the Conference on Orientation and Re-orientation,* containing the reports given at a conference of all social workers in psychiatric clinics and hospitals in the metropolitan area, held under the auspices of the committee last May, for the purpose of sharing experiences and exchanging ideas in the light of the newer developments in this field. The reports deal with such topics as civil service and psychiatric social work, use of the social-service exchange by mental-hygiene agencies, study of resources for clinical treatment of mental patients, and the activities of the mental-hygiene section of the Welfare Council of New York City. The pamphlet is available from the New York City Committee on Mental Hygiene, 105 East 22nd Street, New York, at 40 cents a copy.

Family-Life Conference

The Sixth Annual Conference on the Conservation of Marriage and the Family will be held April 9–12, at Chapel Hill, North Carolina. Inquiries regarding the program of the conference should be addressed to Professor Ernest R. Groves, Institute for Research in Social Science, University of North Carolina, Chapel Hill, N. C.

A Complete Set of "Mental Hygiene" Available

A correspondent writes that she has a full set of all the issues of Mental Hygiene (from 1917 to date) which she is willing to part with for a consideration. She prefers, of course, to sell the set as a whole. We shall be glad to forward the name and address of any one interested in purchasing the set on terms to be arranged between the buyer and the seller. Inquiries should be addressed to the Editor, Mental Hygiene, 50 West 50th Street, New York, N. Y.

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DIRECTORY OF STATE* SOCIETIES AND COMMITTEES FOR MENTAL HYGIENE

(Listed in the order of their origin)

Connecticut Society for Mental Hygiene
(organized 1908)
152 Temple Street, New Haven, Conn.
Dr. George K. Pratt, Medical Director

Illinois Society for Mental Hygiene
(organized 1909)
203 N. Wabash Avenue, Chicago, Ill.
Dr. Conrad S. Sommer, Director

New York State Committee on Mental Hygiene of the State Charities Aid Association
(organized 1910)
105 East 22nd Street, New York City
Miss Katharine G. Ecob, Executive Secretary

Massachusetts Society for Mental Hygiene
(organized 1913)
3 Joy Street, Boston, Mass.
Dr. Henry B. Elkind, Medical Director

Mental Hygiene Society of Maryland
(organized 1913)
601 W. Lombard Street, Baltimore, Md.
Dr. Ralph P. Truitt, Executive Secretary

Pennsylvania Mental Hygiene Committee of the Public Charities Association of Pennsylvania
(organized 1913)
311 S. Juniper Street, Philadelphia, Pa.

Alabama Society for Mental Hygiene
(organized 1915)
Miss Katherine Vickery, Secretary
Alabama College, Montevallo, Ala.

Indiana Society for Mental Hygiene
(organized 1916)
Thurman A. Gottschalk, Secretary
141 S. Meridian Street, Indianapolis, Ind.

Rhode Island Society for Mental Hygiene
(organized 1916)
100 North Main Street, Providence, R. I.
Miss Helen M. White, Secretary

Kansas Mental Hygiene Society
(organized 1920)
1525 N. Vassar Street, Wichita, Kans.
Miss Melba Hoffman, Secretary

(Kentucky) Louisville Society for Mental Hygiene
(organized 1921)
610 S. Floyd Street, Louisville, Ky.
Miss Ruth Mellor, Executive Director

Utah Society for Mental Hygiene
(organized 1927)
Walter C. Neville, Secretary
Weber College, Ogden, Utah

Washington Society for Mental Hygiene
(organized 1928)
4405 White Building, Seattle, Wash.
Mrs. Helen Gibson Hogue, Executive Secretary

Wisconsin Society for Mental Hygiene
(organized 1930)
110 Wisconsin Avenue, Milwaukee, Wis.
Miss Esther H. DeWeerdt, Executive Secretary

Delaware State Society for Mental Hygiene
(organized 1932)
Dr. G. W. K. Forrest, Secretary
901 Jackson Street, Wilmington, Del.

Oregon Mental Hygiene Society
(organized 1932)
608 Pittock Block, Portland, Ore.
Robert Lang, Executive Secretary

Central Oklahoma Society for Mental Hygiene
(organized 1933)
Dr. James J. Gable, Secretary
Norman, Okla.

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*Including active local societies where no state society has been organized.

Texas Society for Mental Hygiene
(organized 1934)
Rev. James S. Allen, Secretary
P. O. Box 315, Austin, Texas

Michigan Society for Mental Hygiene
(organized 1936)
1215 Francis Palms Building, Detroit, Mich.
Harold G. Webster, Executive Secretary

Missouri Association for Mental Hygiene
(organized 1936)
1400 East Broadway, Columbia, Mo.
Mrs. Helen H. Sala, Executive Secretary

North Carolina Mental Hygiene Society
(organized 1936)
Harry W. Crane, Secretary
P. O. Box 632, Chapel Hill, N. C.

Louisiana State Society for Mental Hygiene
(organized 1937)
Paul C. Young, Executive Secretary
Louisiana State University, University, La.

Mental Hygiene Society of Virginia
(organized 1937)
1200 East Clay Street, Richmond, Va.
Mrs. Donna Banting Bemiss, Secretary

Northern California Society for Mental Hygiene
(organized 1937)
Miss Perle Dow, Secretary
20—2nd Street, San Francisco, Calif.

Minnesota Mental Hygiene Society
(organized 1939)
216 Citizens Aid Building, Minneapolis, Minn.
Miss Elizabeth Glynn, Secretary